FORM EXEMPT UNDER 44 U.S C 3512

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT W	RITE IN THIS SPACE
Case 20-CB-071864	Date Filed 1/4/2012

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

LABOR ORGANIZATION OR	ITS AGENTS AGAINST WHIC	CH CHARGE IS	BROUGH	T	
a. Name		b. Union Representative to contact			
ational Union of Healthcare Workers		John Borsos			
c. Address (Street, city, state, and ZIP code) 5801 Christie Ave., Suite 525		d. Tel. No. (866) 968	-6899	e, Cell No.	
Emeryville, CA 94608		f. Fax No. (510) 834	-2019	g. e-Mail jborsos@nuhw.org	
h. The above-named organization(s) or its agents has (have) engaged subsection(s). (list subsections). (1)(A), (1)(B) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	of the Na	ational Labor Re	lations Act	and these unfair labor practices	
2. Basis of the Charge (set forth a clear and concise statement of	f the facts constituting the alleg	ged unfair labor	practices)		
2012 JAN -	re not limited to, stating to visor from leaving off off iled police report. As such IVED EGION 20	hat the super fice, and beh	visor is a	replaceable because the a manner disruptive to	
3. Name of Employer SAN FRA	HCISCO, CA	4a. Tel. No.		b. Cell No.	
California Pacific Medical Center		(415) 830-0979			
		c. Fax No. (415) 600-	7365	d. e-Mail jookh@sutterhealth.org	
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>633 Folsom St.</li> </ol>			6. Emple Kevin	over representative to contact Joo	
San Francisco, CA 94107					
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	Identify principal product  Healthcare	ct or service	9. Numb	per of workers employed	
10. Full name of party filing charge California Pacific Medical Center		11a. Tel. No (415) 850-		b. Cell No.	
		c. Fax No.		d. e-Mail	
<ol> <li>Address of party filing charge (street, citv, state and ZIP code, 633 Folsom St. San Francisco, CA 94107</li> </ol>		(415) 600-	7365		
12. DECLARATION declare that I have read the above charge and that the statements therein are true	e to the best of my knowledge and be	Tel.	No. (415)	433-1940	
	t Hulteng, Esq.	Cell			
	rpe name and title or office, if a	Fax	No. (415	) 743-6566	
Littler Mendelson, P.C. Address 650 California St., 20th Floor, San Francisco.	CA 94108 (date) //	4 /2001 e-M		g@littler.com	
	John J	7		The state of the s	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or Itigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-508

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# CHARGE AGAINST LABOR ORGANIZATION OR ITS

### FORM EXEMPT UNDER 44 U.S.C. 3512 DO NOT WRITE IN THIS SPACE Case Date Filed 20-CB-099909 3/06/2013

**AGENTS** INSTRUCTIONS:

File an original and 4 copies of this c	harge and an addition	onal copy for each organization, ea	ch local, and each Individual named
in item 1 with the NLRB Regional Dire		R ITS AGENTS AGAINST WHICH C	HARGE IS BROUGHT
a Name			b. Union Representative to contact
N	117		Clasia Watting
National Union of Healthcare	Gloria Watkins		
c. Telephone No.	d. Address (street, 5801 Christie	, CA 94608	
e. The above-named organization(s) or meaning of section 8(b), subsection practices affecting commerce within	n(s) (1) of the Nations	al Labor Relations Act, and these unfa	
2 Basis of the Charge (set forth a clear			unfair labor practices)
NUHW intimidated and threa	of Healthcare Vitened (b) (6). (b) (7)	Workers, violated Section 8(  and other employees whi	b)(1) and 8(b)(4), when agents of lc they were engaged in protected,
3. Name of Employer Kaiser - Vallejo			RECEIVED NLRB, REGION 20 AN FRANCISCO 4. Telephone 20. 26. Tel: (510) 24. Telephone 20. Tel: (510)
5 Location of plant involved (street, city One Kaiser Plaza, 19th Floor, C			Employer representative to contact     Ronald E. Goldman
7. Type of establishment (factory, mine Hospital		B Identity principal product or ser Healthcare Services	
10 Full name of party filing charge SEIU United Healthcare Wor	kers-West		
11 Address of party filing charge (stress 560 Thomas L. Berkley Way			12. Telephone No. (510) 251-1250
I declare that I have read to	he above charge and	<ol> <li>DECLARATION</li> <li>that the statements therain are true to</li> </ol>	the best of my knowledge and belief
Signature of representative or person m	aking charge Atto	orney	ine Bluce A. Danand
Address Weinberg, Roger & Rosenfel 1001 Marina Village Parkwa Alameda, CA 94501-1091		Telephone No. (510) 337-1001 Fax No.	March 6, 2013
		(510) 337-1023	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U S C 3512
DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
20-CB-129371	5/23/2014

www.FormsWorkflow.com

OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact a. Name Sal Rosselli National Union of Healthcare Workers c. Address (Street, city, state, and ZIP code) d. Tel. No. e. Cell No. 5801 Christie Avenue 510-834-2009 Emeryville, CA 94608 f. Fax No. g. e-Mail 510-834-2019 h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) 8(b)(1)(B) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six month period, the above-named labor organization has violated the Act by threatening to strike unless the Employer removes its manager because the union contends that the manager has failed to resolve complaints on the terms and conditions demanded by the union. Thus the threatened strike is an attempt to coerce the Employer in its selection of its representative for the adjustment of grievances for the unit, specifically the manager. The Employer requests 10(j) relief and expedited processing of this Charge given that the threatened strike is unlawful and has been announced to take place from 8:00 a.m. on May 31, 2014 to 8:00 a.m. on June 1, 2014. 4a. Tel. No. b. Cell No 3 Name of Employer 510-271-2628 The Permanente Medical Group c. Fax No. d. e-Mail 510-267-2128 ronald.goldman@kp.org 6. Employer representative to contact 5. Location of plant involved (street, city, state and ZIP code) Michael R. Lindsay, Esq. of Sacramento Point West Medical Office Building Nixon Peabody LLP 1650 Response Road, Sacramento, CA 95815 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed 20,000+ Medical Facility Healthcare Cell No 11a Tel No. 10. Full name of party filing charge 510-271-2628 The Permanente Medical Group, Inc. c. Fax No. d. e-Mail = ronald.gotdman@kp.org 510-267-2128 11 Address of party filing charge (street, city, state and ZIP code.) 20 111111 One Kaiser Plaza, Oakland, CA 94612 Attn: Ronald Goldman S 12. DECLARATION 7º 0 I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. 213-629-6000 (signature of representative or person making charge) Michael R. Lindsay, Attorney (Print/type name and title or office, if any) Cell No. Nixon Peabody LLP Fax No. Gas Company Tower 866-293-2786 555 West Fifth Street, 46th Floor mlindsay@nixonpeabody.com (date) May 23, 2014 Address Los Angeles, CA 90013

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-508 (4-19)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
20-CB-254859	1/17/2020		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION O	R ITS AGENTS	AGAINST WHICH CHAR	GE IS BROUG	нт	
a. Name National Union of Healthcare Workers		, is an end of the end	b. Union Rep Sal Rosselli		
c. Address (Street, city, state, and ZIP code) Northern California Office 5801 Christie Ave., Suite 525 Emcryville, CA 94608			d. Tel. No. 510-834-20	09	e. Cell No.
			f. Fax. No. 510-873-20	19	
			g e-mail		
h. The above-named labor organization has engaged in and is 8(b)(1), 8(b)(2) and 8(b)(3) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.		of the Natio	onal Labor Rela	ations Act,	and these unfair labor
Within the past six months, Nation Union of Healthcare unit where the principal purpose and announced reasons the Act. The strike participants carried signs stating "Kakalserdontdeny", ORG which contains informatio National Union of Healthcare Workers has also repeated the participants in those unprotected intermittent strikes	s for the strikes aiser Don't [sic on about Kaiser dly engaged in	s were, at most, permiss   Deny," which referre   Permanente patients a	sive subjects d the viewer nd mental he	for bargai to a webs alth.	ining in violation of ite entitled
Name of Employer The Permanente Medical Group		4a. Tel. No.	b. Cell No.		c. Fax No.
		d. e-mail			
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>Multiple locations, including but not limited to 2425 Ge</li> </ol>	eary Blvd, San	Francisco, CA 94115		Lindsay,	tive to contact Esq. of Nixon
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility	8 Identify Healthca	principal product or service	9. Number 100,000		of workers employed
10. Full name of party filing charge The Permanente Medical Group					
11. Address of party filing charge (street, city, state and ZIP code) One Kaiser Plaza, Oakland, CA 94612, Attn: Robert Sp	agat	11a. Tel. No. 510-271-6674	b, Cell No.		c. Fax No.
		d. e-mail robert.spagat@kp.or	g		-
I degrare that I have read the above ch are true to the pest of my kno	arge and that the	e statements		el. No. 3-629-60	00
1/1/1/1/1/1		R. Lindsay, Attorney	C	ell No.	
(signature of representative or person making charge)  Nixon Peabody LLP	(Print/type I	name and tile or office, if any)	1 1 1 4	ax No. 3-629-60	01
Address 300 S. Grand Ave., Suite 4100, Los Angeles, (	CA 90071	Date 01/17/2020		mail lindsay@i	nixonpeabody.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-508 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE		
Case 20-CB-275118	Date Filed 4/2/2021	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OF	RITS AGENT	S AGAINST WHICH CHA	ARGE IS BROU	JGHT			
a. Name National Union of Healthcare Workers				b. Union Representative to contact Joaquin Recinos			
c. Address (Street, city, state, and ZIP code) 1250 45th Street, Suite 200			d. Tel. No 510-834-		e. Cell No.		
Emeryville, CA 94608			f. Fax. No 510-834-				
			g. e-mail jrecinos@	nuhw.org	g		
h. The above-named labor organization has engaged in and is en Sections 8(b)(1)(A) and 8(b)(3) practices are practices affecting commerce within the meaning meaning of the Act and the Postal Reorganization Act.		of the Na	tional Labor R	elations Ac	t, and these unfair labor		
The National Union of Healthcare Workers is attempting appropriate scope of the bargaining unit. Specifically, the owned, outpatient clinics to the existing bargaining unit of the exclusive jurisdiction of the National Labor Relations ("The determination of questions of representation, accret the application of statutory policy, standards and criteria.  3. Name of Employer	e Union is a of technical Board. Se- tion, and ap	attempting to add empl employees at the Hosp e, e.g. Marion Power S propriate unit do not d	oyees from o bital itself. The Shovel Co., 2 depend upon of the Board ra	ne of the his is a re 30 NLRB contract in ther than	off-campus, Hospital- presentation issue within 576, 577-78 (1977) nterpretation but involve		
3. Name of Employer MarinHealth Medical Center (formerly Marin General Ho	ospital)	415-925-7042	b. Cell No	b. Cell No. 415-461-4			
		d. e-mail Ralston.Brown@m	ymarinhealth	n.org			
5. Location of plant involved (street, city, state and ZIP code) 250 Bon Air Road Greenbrae, CA 94904			Ralston E	rown	tative to contact		
7. Type of establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		y principal product or serv are services	rice	9. Numb 1700	er of workers employed		
10. Full name of party filing charge MarinHealth Medical Center							
11. Address of party filing charge (street, city, state and ZIP code) 300A Drakes Landing Road, Suite 110, Greenbrae, CA 9	4909	11a. Tel. No. 415-925-7042	b. Cell No	b. Cell No. c. Fax No. 415-461-			
	d. e-mail						
12. DECLARATION I declare that I have read the above char	ge and that th			Tel. No. 115-471-3	3166		
are true to the best of my know		rid J. Reis (attorney)		Cell No.			
(signature of representative or person making charge)	(Print/type	name and title or office, if ar		Fax No. 115-471-3	3400		
Arnold & Porter Kaye Scholer LLP  Address Three Embarcadero Ctr., 10th Floor, SF, CA 94111  Date 4-2-2021			e-mail david.reis@arnoldporter.com				

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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(FAX)

P.002/002

FORM NLRB-508 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN	THIS SPACE
20-CB-286546	Date Filed 11/18/2021

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION	OR ITS AGENTS	AGAINST WHICH CHAR	GE IS BROUGHT	
a. Name NUHW			b. Union Represent	minton
c. Address (Street, city, state, and ZIP code)			d. Tel. No.	e. Cell No.
Northern California Office 1250 45th St. Suite 200			f. Fax. No. 510-85	14-2019
Emergrille, CA.94608	-		g. e-mail	Druhw.org
h. The above-named labor organization has engaged in and is (1)(A) practices are practices affecting commerce within the mean meaning of the Act and the Postal Reorganization Act.		of the Natio	onal Labor Relations A	ct, and these unfair labor
This has been a long time. This has been a long time. Tinally with the current unit lubor we were able to move he cracks" the hospital was obline experience were to be updated into a or the hospital and they no 3. Name of Employer	to me.	when the way not receive to the part the back 45. Tel. No.	this inform given the cup for itsin b. Cell No.	over years of ration point the rays and have be c. Mikh more to ex
St. Joseph Hospital		767-445-8121 d. e-mail		
5. Location of plant involved (street, city, state and ZIP code)  2000 Polibeer St.  Eurcka, CA 95503			6. Employer represe	entative to contact
7. Type of establishment (factory, mine, wholesaler, etc.)  Healthcare	8. Identify p	rincipal product or service		ber of workers employed
10. Full name of party filling charge (b) (6), (b) (7)(C)		œ		a to op
(b) (6), (b) (7)(C)		11a, Tel, No. (b) (6), (b) (7)(C	b, Cell No.	c. Fax No.
		d (b) (6), (b) (7)(C)		
12. DECLARA  I declare that I have read the above ch  are true to the best of my known	arge and that the		Tel. No.	
(b) (b), (b) (7)(C)		(b) (7)(C)	Cell No.	San att
or person making charge)		ie, if any)	Fax No.	
Address _(b) (6), (b) (7)(C)		Date <u>///3/2/</u>	e-mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-508 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case 20-CB-288621	Date Filed 01/06/2021				

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION	N OR ITS AGENTS	AGAINST WHICH CHA	RGE IS BROU	GHT			
			b. Union Re	b. Union Representative to contact Kijani Edwards			
c. Address (Street, city, state, and ZIP code) 1250 45th Street Emeryville, CA 94608			d. Tel. No. (501) 412-	1676	e. Cell No.		
Emeryvine, CA 94608			f. Fax. No.				
				kedwards@nuhw.org			
h. The above-named labor organization has engaged in and $1(A)$ practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Na	tional Labor Rel	lations Act,	and these unfair labor		
NUHW acted arbitrarily, discriminatorily and in bad grievance regarding the violation of Weingarten or to response to requests for information							
3. Name of Employer		4a. Tel. No.	b. Cell No.		c. Fax No.		
Sutter Bay Hospitals		(415) 600-6000					
		d. e-mail					
<ol> <li>Location of plant involved (street, city, state and ZIP code</li> <li>1101 Van Ness Avenue, San Francisco CA 94109</li> </ol>	)		6. Employer	represent	ative to contact		
7. Type of establishment (factory, mine, wholesaler, etc.) hospital	8. Identify	principal product or serv	ice	9. Numbe	r of workers employed		
10. Full name of party filing charge (b) (6), (b) (7)(C)	1				-, 3'		
		11a. Tel. No. (b) (6), (b) (7)(C)	b. Cell No. c. Fax		c. Fax No.		
(b) (6), (b) (7)(C)		d. e-mail (b) (6), (b) (7)(	(C)				
12. DECLAF I declare that I have read the above are true to the best of my I	charge and that the		(9	el. No. 925) 204-	3907		
- Maureen McFadden	Maureen McFadden (Atty for (b) (6), (b) (7)(C)		(9	Cell No. (925) 209-5949			
(signature of representative or person making charge)		name and title or office, if an		ax No. 510) 225-	3874		
1320 Willow Pass Rd. Suite 600 Concord C	CA 94520 Date 1/6/22			e-mail maureenemcfadden@gmail.com			

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR IT'S AGENTS

	FORM EXEMPT UNDER 44 U.S.C 361
DO NOT WR	ITE IN THIS SPACE
20-CG-141552	Date Filed 11/21/2014

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact a. Name National Union of Healthcare Workers Jan Glibrecht d. Tel. No. (510) 834-2009 c. Address (Street, city, state, and ZIP code) e. Coll No. Unknown 5801 Christle Avenue, Suite 525 g. e-Mall Unknown f. Fax No. Emeryville, CA 94608 (510) 834-2019 h. The above-named organization(s) or its agents has (have) engaged in end is (are)engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) 1, 8(d) and 8(g) of the National Labor Relations Act, and these unfair labor practices. of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear end concise statement of the facts constituting the alleged unfair labor practices) On Sunday night, November 16, 2014, the Charged Party faxed the attached notice and correspondence to the Employer. The parties are engaged in bargaining for an initial contract. No 30-day notice of the existence of a labor dispute was served on the Employer, which is a prerequisite to serving a 10-day notice under Section 8(g) of the Act. Additionally, the attached notice does not provide adequate notification of the type of activity Charged Party would undertake, nor was it served in a timely manner since administration is not present Sunday evenings. Injunctive relief is requested, RECEIVED NERE, DEFINE 20 4a. Tel. No. b. Cell No. 3. Name of Employer San Rafael Healthcare and Wellness & Http:// 21 PH 3: 25 (415) 305-4895 d. e-Mall c. Fax No. Administrator@ SANFRANCISCO. CA (415) 456-0415 sanrafaelhc.com 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 1801 5th Avenue Robert M. Stone San Rafael, CA 94901 7. Type of establishment (factory, mine, wholeseler, etc.) 9. Number of workers employed B. Identify principal product or service approx. 60 Skilled Nursing Facility long-term care 11a. Tel. No. b. Cell No. 10. Full name of party filling charge (213) 629-7814 San Rafael Heatlhcare and Wellness Centre c. Fax No. d. e-Mall 11. Address of party filing charge (street, city, state and ZIP code.) (213) 824-1376 r.stone@mpglaw.com One Wilshire Boulevard, Suite 2000, Los Angeles, CA 90017 12. DECLARATION
I declare that I have lead the above charge and that the statements therein are true to the best of my knowledge and belief. (213) 629-7814 Cell No. Robert M. Stone By (signature of epresentative or person making charge) (Printrype name and title or office, if any) Fax No. (213) 624-1378 One Wilshire Boulevard, Suite 2000, e-Mall r.stone@mpglaw.com Address Los Angeles, CA 90017 (dato) 11/21/14

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-508 (4-19)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS	SPACE
Case 20-CG-263235	Date Filed 7/20/2020

INSTRUCTIONS: F e an or g na w th NLRB Reg ona D rector for the reg on n which the a eged unfair abor practice occurred or is occurring.

1. LABOR ORGANIZATION OR IT	TS AGENTS A	AGAINST WHICH CHARG	SE IS BRO	UGHT	
a. Name National Union of Healthcare Workers			b. Union F Vanessa	Representative Coe	to contact
c. Address (Street, city, state, and ZIP code)			d. Tel. No	).	e. Cell No.
1250 45th Street, Suite 200			(510) 46	3-1348	
Emeryville, CA 94608			f. Fax. No	<b>1</b>	
			1. 1 47. 140	,	
			g. e-mail vcoe@ni	ıhw.org	
h. The above named abor organ zat on has engaged n and s enga	ag ng n unfa r	r abor pract ces w th n the	mean ng	of sect on 8(b)	and ( st subsect ons)
8(g)		of the Nat or	na Labor F	Re at ons Act, a	nd these unfar abor
pract ces are pract ces affect ng commerce with nithe meaning of	f the Act, or th	nese unfa r abor pract ces	affect ng	commerce w th	n the mean ng of
the Act and the Posta Reorgan zat on Act.					
2. Basis of the Charge (set forth a clear and concise statement of the Charging Party/Employer is a health care institution with employees of the Charging Party/Employer. The Union has commence a work stoppage on July 20, 2020 at 6:00 a.m. Or represented employees of the Charging Party/Employer contemployees that there was an "unfair labor practice strike." Eviolated section 8(g). This Charge is filed without prejudice	ithin the mead previously On July 19, 2 mmenced pid by these and	aning of the Act. The or provided notice pursu 2020, at or about 5:13 cketing at the Hospital, I other acts within the p	Charged I ant to sec p m., emp, with sign preceding	Party (Union) tion 8(g) of the ployees of the mage advertish six months, t	he Act that it would Union and Union- ing to the public and he Union has
3. Name of Employer		4a. Tel. No.	b. Cell No	).	c. Fax No.
St. Joseph Health Northern California, LLC d/b/a					
Santa Rosa Memorial		d. e-mail			
1165 Montgomery, Santa Rosa, CA 95405					
5. Location of plant involved (street, city, state and ZIP code) 1165 Montgomery, Santa Rosa, CA 95405			Christop 4400 NE	er representati her Scanlan, Halsey, Suit OR 97213	VP/Sr. Counsel
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify p	rincipal product or service	<u> </u>	9. Number o	of workers employed
Healthcare facility	Acute-care	e hospital		1,971	
10. Full name of party filing charge					
11. Address of party filing charge (street, city, state and ZIP code) Same as employer (Item #3)		11a. Tel. No. 949-381-4713	b. Cell No	).	c. Fax No.
		d. e-mail christopher.scanlan@	providenc	e.org	
12. DECLARATION  I declare that I have read the above charge	and that the			Tel. No. See above	
are true to the best of my knowled	•	C. Scanlan, Vice Preside	ent	Cell No.	
(signature of representative or person making charge)	(Print/type na	ame and title or office, if any)		Fax No.	
Address 4400 NE Halsey, Suite 292, Portland, OR 97213		Date Jul 20, 2020		e-mail	

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

IERICA NS BOARD

DO NOT	WRITE IN THIS SPACE
Case	Date Filed
15555	0 0 01 14

FORM EXEMPT UNDER 44 U.S.C 3512

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

21-CB-122969 INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact a Name National Union of Healthcare Workers Sophia Mendoza d Tel No e. Cell No. c. Address (Street, city, state, and ZIP code) (818) 968-6849 (213) 280-0051 225 W. Broadway, Suite 155 f. Fax No. g. e-Mail Glendale, CA 91204 smendoza@nuhw.org (818) 241-0141 h. The above-named organization(s) or its agents has (have) engaged in and is (are)engaging in unfair labor practices within the meaning of section 8(b). subsection(s) (list subsections) (1) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the last six months, the Union has restrained and coerced employees in obtaining/attempting to obtain signatures for a union election petition in violation of employees' Section 7 rights. 4a. Tel. No. b. Cell No. 3. Name of Employer (415) 999-6366 (714) 529-6842 THC of Orange County, Inc. d/b/a Kindred Hospital-Brea c. Fax No. d. e-Mail stacey.zartler @kindred.com (714) 256-1728 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 875 North Brea Blvd., Brea, CA 92821 Stacey Zartler 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Long Term Acute Care Hospital health care 11a. Tel. No. b. Cell No. 10. Full name of party filing charge (415) 999-6366 THC of Orange County, Inc. d/b/a Kindred Hospital-Brea (714) 529-6842

12. DECLARATION

I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.

Stacky Zartler Labor Counsel.

y Stacey Zartler, Labor Counsel (signature of representative or person making charge) (Printhype name and title or office, if any)

Kindred Hospital - Brea Address 875 North Brea Blvd., Brea, CA 92821

875 North Brea Blvd., Brea, CA 92821

11. Address of party filing charge (street, city, state and ZIP code.)

(date) 02/21/14

c. Fax No.

(714) 256-1728

e-Mail

Tel. No. (714) 529-6842 Cell No. (415) 999-6366 Fax No. (714) 256-1728

stacey.zartler@kindred.com

d. e-Mail

stacey.zartler@kindred

.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

OR ITS AGENTS

FORM EXEMPT UNDER 44 U S C 3512

	DO	NOT	WRIT	EIN	THIS	SPACE	
00							

Case Date F 21-CB-131578

6-25-14

INSTRUCTIONS: File an original with NLR8 Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name National Union of Healthcare Workers (NUHW-CNA)	b. Union Representation Sophia Mendoza	ve to contact
c. Address (Street, city, state, and ZIP code) 225 West Broadway, Suite 155	d. Tel. No. (213) 280-0051	e. Cell No.
Glendale, CA 91204	f. Fax No. (818) 241-0141	g. e-Mail smendoza@nuhw.org

On or about June 20, 2014, the Union, through its employees and agents, restrained and coerced employees in the exercise of their Section 7 right to vote on union representation pursuant to the petition filed as Case No. 21-RC-116808, by telling employees that the election was canceled.

3. Name of Employer RehabCare Group of California; LLC., dba RehabC	are	4a. Tel. No. (714) 893	4541	b. Cell No. (415) 999-6366
		c. Fax No.		d. e-Mail stacey.zartler@kindred.com
5. Location of plant involved (street, city, state and ZIP code) 200 Hospital Circle, Westminster, CA 92683				oyer representative to contact Zartler
7. Type of establishment (tactory, mine, wholesaler, etc.) health care rehabilitation services	8. Identify principal product healthcare	t or service	9. Num 20	ber of workers employed
health care rehabilitation services healthcare  10. Full name of party filing charge RehabCare Group of California, LLC		11a. Tel. No (714) 893	Tel. No. b. Cell No. (415) 999-631	
		c. Fax No.		d. e-Maîl
<ol> <li>Address of party filing charge (street, city, state and ZIP coc</li> <li>Hospital Circle, Westminster, CA 92683</li> </ol>	de.)	L		see above
declare that I have read the above charge and that the statements therein are	true to the best of my knowledge and be	lief.	. No. (415	999-6366
By Stacut a, Jantler Labor	or Relations Counsel	Ce	No. (41:	5) 999-6366
(Phil	urype harne and the or office, if a	Fa	K No.	
200 Hospital Circle, Westminster, CA 9282	1	e-l	Mall stace	y.zartler@kindred.com
Address	(date) 6/20	/14		

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or ligigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further, explain these uses upon request. Disclosure of this information to the NLRB is voluntary: however, failure to supply the information will cause the NLRB to decline to invoke its processes.

PRIVACY ACT STATEMENT

h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) (1)(a) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

<sup>2.</sup> Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

DO NOT WR	TE IN THIS SPACE
Cese	Date Filed
21-CB-155075	6/29/2015

**OR ITS AGENTS** INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact a. Name National Union of Healthcare Workers Antonio Orea d. Tel. No. e. Cell No. c. Address (Street, city, state, and ZIP code) 818-241-0140 f. Fex No. R. e-Mall 225 W. Broadway, Suite 135 818-241-0141 Glendale, CA 91204 pro.whun@aero h. The above-named organization(s) or its agents has (have) engaged in and is (sre) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (its subsections) (3) of the National Labor Retailors Act, and those unfair labor practices. of the National Labor Relations Act, and those unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise stelement of the facts constituting the elleged unfair labor practices) Within the last six (6) months, the above-named labor organization, by and through its agents and representatives, has refused to bargein in good faith by engaging in picketing, a strike and other activity over an employee grievance in violation of a no-strike clause in a collective bargaining agreement between the employer and the union which contains a grievance and arbitration clause, thereby engaging in a unilateral change of the agreement. Charging party requests section 10(j) relief. 4a. Tel. No. b. Cell No. 3. Name of Employer 310-307-6388 d. e-Mall c. Fax No. Sodexo America LLC 310-876-0133 howard.pripas@sodexo.com 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact Los Alamitos Medial Center 3251 Katella Avenue Howard Pripas 7. Type of establishment (factory, mine, wholeseler, btc.) 9. Number of workers employed 8. Identify principal product or service Food Service & Housekeeping Hospital 10. Full name of party filing charge 11a, Tel. No. b. Cell No. 310-307-8388 c. Fex No. d. e-Mall Sodexo America LLC 11. Address of party filing charge (street, city, state and ZIP code,) 310-876-0133 howard.pripas@sodewg 9854 National Blvd. Suite 272 Los Angeles, CA 90034 12. DECLARATION 619-501-4540 declare that the nts therein are true to the bost of my knowledge and bellef. Cell No. Stephen J. Schultz, Attorney 619-807-1000 Kire of represe telive or person making charge) (Print/type name and title or office, If any) Fax No. N/A e-Mall

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Address 1955 Sunset Blvd., San Diego, CA 92103

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing until tabor practice and related proceedings or fitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2009). The NLRB will further explain these uses upon request, Disclosure of this information to the NLR6 is voluntary, however, failure to supply the Information will cause the NLRB to decline to Invoke its processes.

(date) 6/29/15

schultz@ebemp.com

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
21-CB-163035	10-30-15

INSTRUCTIONS: File an original with NLRB Regional Director for 1. LABOR ORGANIZATION OR				ed or is occurring.
a. Name	TO NOTIFICE TO NOTIFICE WITHOUT	b. Union Rep	A A 42 to \$1000	to contact
huttw		Ben s	ynde	N
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	5. 8061	e. Cell No.
grandalt, OA		f. Fax No.		g, e-Mail
h. The above-named organization(s) or its agents has (have) engages ubsection(s) (list subsections) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	of the Nat	tional Labor Re	lations Act,	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of		ed unfair labor <sub>l</sub>	practices)	
Insufficient union represen	t-a hon	- 64		- 1- 1- 0 100 ·
glubal inability to be but due to lack of contra	ing effective	y cha	nge	ar raner
- Union abandonmen	t			
0-1,1(-)				
				FV = 0 - 2
3. Name of Employer		4a. Tel. No.	2.2970	b. Cell No.
kaiser Permanente		c. Fax No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)		4	6. Emplo	yer representative to contact
Fring CA			Mic	nelle Bavie
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal produc	ct or service	9. Numb	er of workers employed
haritel				UU
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No	).	(b) (6), (b) (7)(C)
		c. Fax No.		d. e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	.)			(5) (5), (5) (1)(5)
I declare (b) (6), (b) (7)(C)  12. DECLARATION had the statements there (b) (6)	to the basic and be		, No.	
Ву		(b	) (6), (b)	(7)(C)
(sig (Print/	type name and title or office, if a	ny)	No.	
(b) (6), (b) (7)(C)		e-N	Mail	
Address	(dale) 10-	25.15 (b	) (6), (b)	(7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C 387
DO NOT WI	RITE IN THIS SPACE
Case	Date Fliad
21-CB-168230	01-21-16

1. LABOR ORGANIZATION OF	RITS AGENTS AGAINST WHIC		12.42	
Name Iational Union of Healthcare Workers		Michael To		o to contact
Address (Street, city, state, and ZIP code) 25 W. Broadway Ste. 155		d. Tel. No. 618.241.01	140	e, Cell No.
Glendale, CA 91204		f. Fax No. 818.241.01	141	g. e-Mell
. The above-hamed organization(s) or its agents has (heve) engage subsection(s) (list subsections) (3) are unfair practices affecting commerce within the meaning of it meaning of the Act and the Postal Reorganization Act.	of the N	affanal Labor Dale	MAR SORE	and those unfair labor wes the
Besis of the Charge (set forth a clear and concise statement	of the lects constituting the alle	ged untair labor n	metices)	
o Charged Party's terms in its negotiations with Soc	деко,			
		4a, Tel. No.		b. Cell No.
		4a, Tel. No. 310,556,46 c. Fax No.	360	b. Cell No. 618.261.4962 d. p-Mall egross@ghplan.com
3. Name of Employer Kack Hospital of USC  5. Location of plant involved (street, city, state and ZIP code) 1500 San Pablo St. Los Angeles, CA 90033		310,556,46	6. Empl	618.261.4962 d, p-Mall
Kack Hospital of USC  5. Location of plant involved (street, city, state and ZIP code) 1500 San Pablo St.  Los Angeles, CA 90033  7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal prod	310,556,46 c. Fax No.	6. Empl	618.261.4962 d. p-Mall egross@ghplaw.com over representative to contect
Kack Hospital of USC  5. Location of plant involved (street, city, state and ZIP code) 1500 San Pablo St. Los Angeles, CA 90033  7. Type of establishment (factory, mine, wholesaler, etc.) Acute care hospital 10. Full name of party filing charge		310,556,46 c. Fax No. luct or service	6. Empl Ellen 5 9, Num 1400	618.261.4962 d, e-Mall egross@ghplaw.com  over representative to contect chadur Gross ber of workers employed  b. Cell No., 818.261.4962
Kack Hospital of USC  5. Location of plant involved (street, city, state and ZIP code) 1500 San Pablo St. Los Angeles, CA 90033  7. Type of establishment (factory, mine, wholesaler, etc.) Acute care hospital 10. Full name of party filing charge Ellen Shadur Gross  11. Address of party filing charge (street, city, state and ZIP code)	Health care	310,556,46 c. Fax No.	6. Empl Ellen 5 9, Num 1400	618.261.4962 d, p-Mall egross@ghplaw.com  over representative to contect Shadur Gross ber of workers employed  b. Cell No.
Kack Hospital of USC  5. Location of plant involved (street, city, state and ZIP code) 1500 San Pablo St. Los Angeles, CA 90033  7. Type of establishment (factory, mine, wholesaler, etc.) Acute care hospital 10. Full name of party filing charge Ellen Shadur Gross  11. Address of party filing charge (street, city, state and ZIP cod Gipson Hoffman & Pancione, 1901 Ave of the Stars	Health care	310,556,46 c. Fax No. luct or service	6. Empl Ellen 5 9, Num 1400	618.261.4962 d, p-Mall egross@ghplaw.com  over representative to contect Shadur Gross  ber of workers employed  b. Cell No, 818.261.4962 d, p-Mall
Kack Hospital of USC  5. Location of plant involved (street, city, state and ZIP code)	Health care  (e.) 5, 11th Floor  bus to the best of my knowledge and  Utype name and title or office, in	310,556,46 c. Fax No.  119, Tel, No. 310,558,41 c. Fax No.  Tel. Cell	6. Empl Ellen 9 9, Num 1400 860	618.261.4962 d, p-Mall egross@ghplaw.com  over representative to contect Shadur Gross  ber of workers employed  b. Cell No, 818.261.4962 d, p-Mall

Solicitation of the information on this form is euthorized by the Netional Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to axist the National Labor Relations Board (NLRB) in processing unfel; labor practice and related proceedings or titigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942–43 (Dec. 13, 2005). The NLRB will further explain these uses upon request, Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WR	ITE IN THIS SPACE
21-CB-169800	Date Filed 02-16-2016

INSTRUCTIONS: File an original with NLRB Regional Director for	the region in which the allege	d unfair labor pr	actice occu	rred or is occurring.
1. LABOR ORGANIZATION OR	ITS AGENTS AGAINST WHI	CH CHARGE IS	BROUGH	T
a. Name		b. Union Re	epresentati	ve to contact
National Union for Healthcare Workers		Michael	Torres	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	****	e. Cell No.
225 W. Broadway, Suite 155		818.241	0140	
Glendale, CA 92104-1332		f. Fax No. 818.241.	0141	g. e-Mail
h. The above-named organization(s) or its agents has (have) engage subsection(s) (list subsections) (1)(A), and (3) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	afiles h	Lathanal Labor D	alations As	d and those susfale lakes escallage
2. Basis of the Charge (set forth a clear and concise statement of	f the facts constituting the alle	eged unfair labo	r practices)	
withhold NUHW support for a successor contract with subcontractor, Sodexo, Inc. ("Sodexo") to agree to C conduct, Charged Party violated Section 8(b)(3) of the Charged Party threatened Charging Party's employer refused to participate in the work stoppage on February	harged Party's terms in the Act. Charging Party tes with termination of the	its negotiation has also lear neir employm	ons with the ned that ent if the	Sodexo. Through this an agent or agents for employees failed or
Name of Employer     Keck Hospital of USC		4a. Tel. N 310.556		b. Cell No. 818.261.4962
(Con Trospital of Coo		c. Fax No		d. e-Mail egross@ghplaw.com
5. Location of plant involved (street, city, state and ZIP code) 1500 San Pablo St. Los Angeles, CA 90033	17			ployer representative to contact Shadur Gross
7. Type of establishment (fectory, mine, wholesaler, etc.)	8. Identify principal pro-	duct or service	9. Nu	nber of workers employed
Acute care hospital	Health care		1400	
10. Full name of party filing charge Ellen Shadur Gross		11a, Tel. 310.556		b. Cell No. 818.261,4962
		c. Fax No	i.	d. e-Mail
11. Address of party filling charge (street, city, state and ZIP code Gipson Hoffman & Pancione, 1901 Ave of the Stars				egross@ghplaw.com
Los Angeles, CA 90067  12. DECLARATION I declare that I have read the above charge and that the statements therein are to	rue to the bast of my knowledge and	t belief.	rel. No.	0.556.4660
By Eller Hadus Sws Ellen (signature of representative or person making charge) (Print	Shadur Gross, Attorne	2	ell No. 81	8.261,4962
The state of the s	At a many hard mine at any and	F	ax No.	
Gipson Hoffman & Pancione, 1901 Ave of the Address 11th Floor, Los Angeles, CA 90067	ne Stars, (date) 2	and the second second	e-Mail egr	oss@ghplaw.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF A LICA		DO	WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD		Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		21-CB-17930	06-30-2016		
NSTRUCTIONS: File an original of this charge with the occurred or is occurring.	7 7 7 7 7				
	OR ITS AGENTS	AGAINST WHICH CHARGE IS			
NUHW		b. Union Representative to Contact Edan Dhanraj Ben Synder Organizer			
Address 225 W Broadway, Ste 155, Glendale, CA 91204-1332		d. Tel. No. (818)241-0140	e. Cell No.		
		f. Fex No.	g. e-Mail		
Basis of the Charge (set forth a clear and concise staten Since about May 25, 2016, the above-named exercise of rights protected by Section 7 of the	labor organize Act by refus	zation has restrained an sing to process the griev	d coerced employees in the		
Name of Employer		4a. Tel. No.	4b. Cell No.		
Kaiser Permanente		4c, Fax No.	4d. e-Mail		
Location of Plant involved (street, city, state, and ZIP co. 10800 Magnolia Ave, Riverside, CA 92505-30	100	6. Employer representa Cindy Praeger H			
Type of Establishment (factory, mine, wholesaler) Hospital	<ol> <li>Principal pro Healthcare</li> </ol>		Number of Workers employed     1000		
0. Full name of party filing charge (b) (6), (b) (7)(C)		11a, Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.		
		11c, Fax No.	11d e-Mail (b) (6), (b) (7)(C)		
1. Address of party filing charge (street, city state, and 7) (b) (6), (b) (7)(C)	P code)				
	12. DECLA	RATION			
I declare that I have read the above charge and t	hat the statem	ents therein are true to the b	pest of my knowledge and hellet		
(b) (6), (b) (7)(C)			Tel No.		
	(b) (6), (b)		(b) (6), (b) (7)(C)		
n making charge)	Print/type	e name and title or office, if an	y Cell No.		
Address: (b) (6), (b) (7)(C)		Date:	Fax No.		
11000		6/30/201	(b) (6) (b) (7)(C)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is muthorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOAI		Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		21-CB-195477	03-24-2017		
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Region	al Director of the region in whi	ch the alleged unfair labor practice		
	N OR ITS AGENTS	AGAINST WHICH CHARGE IS BE			
a. Name NUHW		b. Union Representative to Contact Kenneth Besst Membership Coordinator			
c. Address 255 W Broadway, Glendale, CA 91204-132	20	d. Tel. No. (510)834-2009	e.e. Cell No.		
		f. Fax No.	g. e-Mail kbesst@nuhw.org		
8(b)(1)(A) of the National Labor Relations Act, and the Act, or are unfair practices affecting commerce with a series of the Charge (set forth a clear and concise state). Within the last six months the above-name Party's request for financial core members!	vithin the meaning of atement of the facts of labor organiza	of the Act and the Postal Reorgan constituting the alleged unfair la	nization Act. bor practices)		
3. Name of Employer	np.	4a. Tel. No.	4b. Cell No.		
Kaiser Permanente		4c. Fax No.	4d, e-Mail		
5. Location of Plant involved (street, city, state, and ZIP		6. Employer representative	e to contact		
<ul><li>9449 E. Imperial Hwy, Downey, CA 90242-</li><li>7. Type of Establishment (factory, mine, wholesaler)</li><li>Hospital</li></ul>		oduct or service	9. Number of Workers employed 100		
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)			
		11c. Fax No.	11d e-Maii (b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and	ZIP code)				
(b) (6), (b) (7)(C)	12. DECLA	NEATION			
I declare that I have read the above charge a			et of my knowledge and helief		
(b) (6), (b) (7)(C)	id that the statem	ones therein are true to the acc	Tel No.		
By:	(b) (6),	(b) (7)(C)	(b) (6), (b) (7)(C)		
(signature or representative or person making charge)	Print/typ	e name and title or office, if any	Cell No.		
Address:		Date:	Fax No.		
(b) (6), (b) (7)(C)		03/24/17	e-Mail (b) (6), (b) (7)(C)		

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE

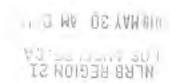
NATIONAL LABOR RELATIONS BOAT	RD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		21-CB-21976	
INSTRUCTIONS: File an original of this charge with	the NLRB Region	al Director of the region in wh	ich the alleged unfair labor proclice
occurred or is occurring.	N OB ITS AGENTS	AGAINST WHICH CHARGE IS 8	POUGHT
a. Name	N UK II S AGENTO	b. Union Representative	
National Union of Healthcare Workers	i.	Michael Torres, R	
c. 225 West Broadway, Suite 155 Glendale, CA 91204		d. Tel. No. (818) 241-0140	e.Cell No. 219-254-8701
		f. Fax No. (818) 241-0141	g. e-Mail
<ul> <li>The above-named labor organization or its agents hat 8(b), subsection(s) 1(A) of the National Labor Relation meaning of the Act, or are unfair practices affecting or</li> </ul>	ns Act, and these	unfair labor practices are unfair (	tractices affecting commerce within the
Since on or about (b) (6), (b) (7)(C) 2017 the a in the exercise of rights protected by Sectio (b) (6), (b) (7)(C) concerning an alleged misgrievance for arbitrary or discriminatory rea	n 7 of the Act i labeling, and f	by refusing to represent, a ailed and refused to proce	ssist, and defend (b) (b) (b) (7)(c)
Name of Employer     Keck Hospital of USC		4a. Tel. No.	4b. Cell No.
industrial di acco		4c. Fax No.	4d. e-Mall
<ol> <li>Location of Plant Involved (street, city, state, and ZIP 1500 San Pablo Ave. Los Angeles, CA 90033</li> </ol>	code)	6. Employer representativ	e to contact
7. Type of Establishment (factory, mine, wholesaler)	B. Principal pri	oduct or service	Number of Workers employed
hospital	Medical se	ervices	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b, Cell No. (b) (6), (b) (7)(C)
		11c. Fax No.	13d e-Mall (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	ZIP code)		
	12. DECLA	ARATION	
(b) (6), (b) (7)(C)	d that the statem	eura metelu ate itus 10 me pei	Tel No.
			//
	An Inc	lividual	(b) (6), (b) (7)(C)
	Print/typ	e name and title or office, if any	Cell No. (b) (6), (b) (7)(C)
Address: (b) (6), (b) (7)(C)		Date: 11/5/18	Fax No.
		17-110	e-Mall (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
Solicitation of the information on files form is authorized by the National Labor Relations Act, (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or higgsion. The routine uses for the information are fully

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		21-CB-221219	05-30-2018	
ISTRUCTIONS: File an original of this charge with courred or is occurring.				
	N OR ITS AGENTS	AGAINST WHICH CHARGE IS BE		
Name National Union of Healthcare Workers		b. Union Representative to Contact Michael Torres UNION REPRESENTATIVE		
Address 5801 Christie Ave, Ste 525, Emeryville, CA 94608-1986		d. Tel. No. (510)834-2009	e.e. Cell No.	
		f. Fax No. (510)834-2019	g. e-Mail	
8(b), subsection(1)(A) of the National Labor Relations meaning of the Act, or are unfair practices affecting of Basis of the Charge (set forth a clear and concise state Since about (1976) 2018, the above-named exercise of rights protected by Section 7 of termination on or about (1976) 2018 for	commerce within the tement of the facts d labor organiza the Act by refus	e meaning of the Act and the Pos constituting the alleged unfair lai ition has restrained and co sing to process the grievar	stal Reorganization Act. bor practices) perced employees in the nce of (b) (6), (b) (7)(C) regarding	
Name of Employer Keck Medical Center of USC		4a. Tel. No.	4b. Cell No.	
Neck Medical Center of 000		4c. Fax No.	4d. e-Mail	
Location of Plant involved (street, city, state, and ZIP 1510 San Pablo St, Los Angeles	code)	6. Employer representative	e to contact	
Type of Establishment (factory, mine, wholesaler)	8. Principal pro	duct or service	9. Number of Workers employed	
Hospital	Medical Se	ervices	500	
0. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)	
<ol> <li>Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)</li> </ol>	ZIP code)	PATION	10/10/10/10/10/	
I declare that I have read the above charge ar			at of my knowledge and belief.	
(b) (6), (b) (7)(C)	(b) (6)	(b) (7)(C)	Tel No.	
g charge)		name and title or office, if any	Cell No. (b) (6), (b) (7)(C)	
Address: (b) (6), (b) (7)(C)		Date:	Fax No.	
		05/29/18	e-Mail (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-508 (6-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
21-CB-229409	10-17-2016			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1, LABOR ORGANIZATION O	R ITS AGENTS	AGAINST WHICH CHAI	RGE IS BRO	UGHT	
a. Name National Union of Healthcare Workers (NUHW)			44.	ive to contact on Organizer	
c. Address (Street, city, state, and ZIP code) 5801 Chrystie Avenue, Suite 525			d. Tel. No (510) 83		e. Cell No. (714) 262-6293
Emeryville, CA 94608			f. Fax. No (510) 83		
			g. e-mail aorea@i	nuhw.org	
h. The above-named labor organization has engaged in and is (list subsections) (3) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.		of the Nat	ional Labor F	Relations Ac	t, and these unfair labor
<ol> <li>Basis of the Charge (set forth a clear and concise statement Since on or about May 16, 2018, the above-named Labo agreements agreed upon with the below-named Employ</li> </ol>	or Organizatio				e bargaining
3, Name of Employer SDH Services West, LLC	- 3	4a. Tel. No. (301) 987-4000	b. Cell N	b. Cell No. c. Fax No. (301) 987	
		d. e-mail			
5. Location of plant involved (street, city, state and ZIP code) Fountain Valley Regional Hospital & Medical Center 17100 Euclid Street Fountain Valley, CA 92708			Aaron J.	yer represen Schindel at General	tative to contact
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	The second secon	principal product or servi Nutrition; Environmen			er of workers employed
10. Full name of party filing charge SDH Services West, LLC	10,775,673	,			
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No. (301) 987-4000	b. Cell N	b. Cell No. c. Fax No. (301) 987	
Annual Control of the		d. e-mail			4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
12. DECLARAT I declare that I have read the above cha are true to the best of my kno	arge and that the	e statements		Tel. No. (301) 987	<b>-</b> 4578
- 1-		el, Assistant General (	Counsel	Cell No. (240) 780	(240
				and the same of th	-0349
(signature of representative or person making charge)	(Print/type r	name and title or office, if any	0	Fax No. (301) 987	

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.S.C 3512

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case 21-CB-251122	Date Filed 11-04-2019				

NSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 LABOR ORGANIZATION O	DITO LOCKITO LOCKIDE IN HOLL	OLIA DOF TO	200110117			
	OR ITS AGENTS AGAINST WHICH	b. Union Rep	2			
a. Name National Union of Healthcare Workers			Barbara Lewis Title: Organizer			
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	40	e. Cell No.		
5801 Christie AVe Ste. 525 CA Emeryville 94608		(818) 241-01 f. Fax No.	40	(310) 736-5544 g. e-Mail blewis@nuhw org		
h. The above-named organization(s) or its agents has (have) eng subsection(s) (list subsections) (3) are unfair practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	of the Matie	nall abor Dal	ations A at	and those unfair labor practice		
Basis of the Charge (set forth a clear and concise statementSee additional page	of the facts constituting the alleged	l unfair labor p	ractices)			
Name of Employer Kindred Hospital-San Diego		4a. Tel. No. (714) 326-89	00	b. Cell No.		
			00	b. Cell No. d. e-Mail andrew.weiss@kindred.com		
		(714) 326-89		d. e-Mail		
Kindred Hospital-San Diego		(714) 326-89	6. Emplo	d. e-Mail andrew.weiss@kindred.com		
Kindred Hospital-San Diego  5. Location of plant involved (street, city, state and ZIP code) 1940 El Cajon Blvd.	Identify principal product of Healthcare	(714) 326-89 c. Fax No.	6. Emplo Andrew Title: La	d. e-Mail andrew.weiss@kindred.com over representative to contact L Weiss Esq.		
Kindred Hospital-San Diego  5. Location of plant involved (street, city, state and ZIP code) 1940 El Cajon Blvd. CA San Diego 92104  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facilities  10. Full name of party filing charge		(714) 326-89 c. Fax No.	6. Emplo Andrew Title: La 9. Numb	d. e-Mail andrew.weiss@kindred.com  over representative to contact L Weiss Esq. abor Counsel		
Kindred Hospital-San Diego  5. Location of plant involved (street, city, state and ZIP code) 1940 El Cajon Blvd. CA San Diego 92104  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facilities  10. Full name of party filing charge Andrew L. Weiss Esq. Kindred Hospital-San Diego	Healthcare	(714) 326-89 c. Fax No.	6. Emplo Andrew Title: La 9. Numb	d. e-Mail andrew.weiss@kindred.com  over representative to contact L Weiss Esq. abor Counsel  per of workers employed		
5. Location of plant involved (street, city, state and ZIP code) 1940 El Cajon Blvd. CA San Diego 92104  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facilities 10. Full name of party filing charge Andrew L. Weiss Esq. Kindred Hospital-San Diego 11. Address of party filing charge (street, city, state and ZIP cod 1940 El Cajon Blvd.	Healthcare	(714) 326-89 c. Fax No. or service 11a. Tel. No. (714) 326-89	6. Emplo Andrew Title: La 9. Numb	d. e-Mail andrew.weiss@kindred.com  over representative to contact L Weiss Esq. abor Counsel over of workers employed  b. Cell No.  d. e-Mail		
5. Location of plant involved (street, city, state and ZIP code)  1940 El Cajon Blvd.  CA San Diego 92104  7. Type of establishment (factory, mine, wholesaler, etc.)  Healthcare Facilities  10. Full name of party filing charge  Andrew L. Weiss Esq.  Kindred Hospital-San Diego  11. Address of party filing charge (street, city, state and ZIP code)  1940 El Cajon Blvd.  CA San Diego 92104-	Healthcare	(714) 326-89 c. Fax No. or service 11a. Tel. No. (714) 326-89 c. Fax No.	6. Emplo Andrew Title: La 9. Numb 309	d. e-Mail andrew.weiss@kindred.com  over representative to contact L Weiss Esq. abor Counsel over of workers employed  b. Cell No.  d. e-Mail		
5. Location of plant involved (street, city, state and ZIP code) 1940 El Cajon Blvd. CA San Diego 92104  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facilities 10. Full name of party filing charge Andrew L. Weiss Esq. Kindred Hospital-San Diego 11. Address of party filing charge (street, city, state and ZIP cod 1940 El Cajon Blvd. CA San Diego 92104-  12. DECLARATION I declare that I have read the above charge and that the statements therein are:  ByAndrew L. Weiss	true to the best of my knowledge and belief Andrew L Weiss Esq.	(714) 326-89 c. Fax No.  or service  11a. Tel. No. (714) 326-89 c. Fax No.  Tel. i. Cell	6. Emplo Andrew Title: La 9. Numb 309 00	d. e-Mail andrew.weiss@kindred.com  over representative to contact L Weiss Esq. abor Counsel  oer of workers employed  b. Cell No.  d. e-Mail andrew.weiss@kindred.com		
5. Location of plant involved (street, city, state and ZIP code) 1940 El Cajon Blvd. CA San Diego 92104  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facilities 10. Full name of party filing charge Andrew L. Weiss Esq. Kindred Hospital-San Diego 11. Address of party filing charge (street, city, state and ZIP cod 1940 El Cajon Blvd. CA San Diego 92104-  12. DECLARATION declare that I have read the above charge and that the statements therein are: By Andrew L. Weiss	Healthcare  de.)  true to the best of my knowledge and belief Andrew L Weiss Esq.	(714) 326-89 c. Fax No.  or service  11a. Tel. No. (714) 326-89 c. Fax No.  Tel.	6. Emplo Andrew Title: La 9. Numb 309 00	d. e-Mail andrew.weiss@kindred.com  over representative to contact L Weiss Esq. abor Counsel  oer of workers employed  b. Cell No.  d. e-Mail andrew.weiss@kindred.com		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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## **Basis of the Charge**

## 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

FORM NLRB-508 (4-19)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CB-256862	02-24-2020

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION (	OR ITS AGENTS	S AGAINST WHICH CH	ARGE IS BROUG	SHT	
a. Name National Union of Health Care Workers					ve to contact P Kaiser Psych-Social
c. Address (Street, city, state, and ZIP code) 225 W. Broadway, Suite 400, Glendale CA 91204			d. Tel. No. 818-241-0	140	e. Cell No.
			f. Fax. No. 818-241-0	141	
			g. e-mail		
<ul> <li>h. The above-named labor organization has engaged in and is 8 (b)(1)(A)</li> <li>practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.</li> </ul>		of the N	ational Labor Rel	ations Act,	, and these unfair labor
There is an active decertification movement to leave ou were excluded on a group union-business email which about the current situation. The email also stated would appear that those excluded from this email were with individuals excluded from similar email/updates with violation of policy, since we are all still members of this business emails or other forms of communication that a	was delivered would be circ in support of other who vocally sur- s union who a	by (b) (6), (b) (7)(C) culating a petition to decertification, and the pport decertification. re still paying dues, a	on 2/12/ sign as a show one same events This is a clear	2020, who funity in happened ly a form	nich included an "FAQ not to leave NUHW. It d at multiple clinics, n of retaliation and a
3. Name of Employer Kaiser-Permanente		4a. Tel. No. 760-599-2471	b. Cell No.	b. Cell No. c. Fax I	
Behavioral Health		d. e-mail			
5. Location of plant involved (street, city, state and ZIP code) 780 Shadowridge Drive Vista, CA 92083			6. Employer Janet Green		ative to contact
7. Type of establishment (factory, mine, wholesaler, etc.) Health Care Outpatient Clinic	8. Identify Behavior	principal product or ser ral Health services	vice	9. Numbe 50-60 ap	er of workers employed oprox
10. Full name of party filing charge (b) (6), (b) (7)(C)					
(b) (6), (b) (7)(C)		11a, Tel, No. (b) (6), (b) (7)(C)	b. Cell No. (b) (6), (b) (7)	(C)	c. Fax No.
		d. e-mail (b) (6), (b) (7)(C)			
st of my kno	FION arge and that the owledge and bel (6), (b) (7)(C	ief.	(b)	el. No. (6), (b) (7) ell No. (6), (b) (7)	
(signature or representative or person making charge)	(Print/type	name and title or office, if a		ax No.	Ne)
Address (b) (6), (b) (7)(C)		Date Feb. 14, 2020		-mail (6), (b) (7	7)(C)

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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FORM NLRB-508 (4-19)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE		
Case 21-CB-256864	Date Filed 2-24-2020	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION	OR ITS AGENTS AGAINST WHICH CH	ARGE IS BROUGHT	
NATIONAL UNION OF HEAUTI	HCARE WORKERS	b. Union Representati	
c. Address (Street, city, state, and ZIP code)  5801 CHRISTIE AVE., Se	UITE 525	d. Tel. No. 910-834-20	e. Cell No.
EMERYVILLE, CA 946		1. Fax. No. 510 - 834 -	2019
		g. e-mail Srosselli	a nonw. org
h. The above-named labor organization has engaged in and is $S(b)(1)A$ practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.	of the Na	ational Labor Relations Ac	t, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement would concise statement would concise statement would concise statement would concise statement of the conc	we our lack union. At	ENTIOUS WITH M	HOVES CLOSERTO
EXCLUSED FROM INFORMATION 2001  BYCLUSED FROM INFORMATION 2001  MOST RECENT (D) (6), (D) (7)(C)  EITHER IN SUPPORT OF SECRET FICAT  MANG ALSO LEARNED FROM CO-WO  CLEARLY IS A VIOLATION OF UNITED STREET	LINGO TO SOME CANDO	(C)	RECENTLY WERE ALL, RECAPOING CLUDED WARG LAST WORL STO? CUDED, THIS
3. Name of Employer	4a. Tel. No.	D. Cell No.	c. Fax No.
KAISER PERMANENTE	(961)602-407 d. e-mail	The sales of	
5. Location of plant involved (street, city, state and ZIP code)	tara.a.c	6. Employer represen	~
18806 MAGNOLIA AVE.		TARA CE	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product or ser		er of workers employed
10. Full name of party filing charge (b) (6), (b) (7	7)(C)		
11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)	(b) (6), (b) (7)	b. Cell No.	c. Fax No.
	d. e-ma(b) (6), (b)	(7)(C)	
12. DECLARA  (b) (6), (b) (7)(C)  read the above che the best of my known		Tel, No. (b) (6	6), (b) (7)(C)
(signature of representative or person making charge)	(b) (6), (b) (7)(C (Print/type name and title or office, if a.		
	1		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### FORM EXEMPT UNDER 44 U.S.C.3512

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### CHARGE AGAINST LABOR ORGANIZATION **OR ITS AGENTS**

DO NOT WRI	TE IN THIS SPACE
Case 21-CB-257754	Date Filed 3/9/2020

INSTRUCTIONS: File an original with NLRB Regional Director for the	e region in which the alleged u	ınfair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR IT	S AGENTS AGAINST WHICH			
Name     National Union of Healthcare Workers NUHW		b. Union Rep Sal Rosell Title: Pres	i	to contact
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (510) 834-20	009	e. Cell No.
1250 45th St Suite 200 CA Emeryville 94608		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engages subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the harmoning of the Act and the Postal Reorganization Act.	of the Nati	onal Labor Rel	ations Act, a	and these unfair labor practices
Basis of the Charge (set forth a clear and concise statement of the s	ne racts constituting the allege	a uniair iabor į	practices)	
Name of Employer Kaiser Permanente		4a. Tel. No.		b. Cell No.
				simon.p.borger@kp.org
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>1630 E. Main St</li> <li>CA El Cajon 92021</li> </ol>			Simon Bo	yer representative to contact orger of Administrator
Type of establishment (factory, mine, wholesaler, etc.)     Healthcare Facilities	Identify principal product	or service	9. Number	er of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No (b) (6), (b) (7)( c. Fax No.		b. Cell No. (b) (6), (b) (7)(C) d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to (b) (6), (b) (7)(C)	to the best of my knowledge and belie (b) (6), (b) (7)(C)	Tel.	(b) (6), (l	b) (7)(C)
Dy	e name and title or office, if an		(b) (6), (l	b) (7)(C)
(b) (6), (b) (7)(C)  Address	(date) 03/8/2020	e-M		, (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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## **Basis of the Charge**

## 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights

protected by Section 7 of the Act by threatening to retaliate against employees if they did not join or support the union.

Name of the Union Agent/Representative who made the threat	Date the threats were made
(b) (6), (b) (7)(C)	<sup>圆弧圆闭</sup> /2020
(b) (6), (b) (7)(C)	®(\$\\@\tau^7\/2020

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	21-CB-266895	9-30-2020	
INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.			
LABOR ORGANIZATION OR ITS AGENTS	AGAINST WHICH CHARGE IS	BROUGHT	
a. Name National Union of Healthcare Workers	b. Union Representative to Contact     Sophia Mendoza     Secretary—Treasurer		
c. Address 1250 45th Street, Suite 200, Emeryville, CA 94608	d. Tel. No.	e.e. Cell No. 213-280-0051	
225 W Broadway Ste 155, Glendale, CA 91204	f. Fax No.	g. e-Mail smendoza@nuhw.org	
h. The above-named labor organization or its agents have engaged in and 8(b)(1)(A) of the National Labor Relations Act, and these unfair labor protections are unfair practices affecting commerce within the meaning.	ractices are unfair practices affe	ecting commerce within the meaning of	
2. Basis of the Charge (set forth a clear and concise statement of the facts	s constituting the alleged unfair	labor practices)	
Since about [96,9] 2020, the above-named labor organization	on has restrained and coe	erced employees in the exercise	
of rights protected by Section 7 of the Act by refusing to a termination for arbitrary or discriminatory reasons or in ba		b) (6), (b) (7)(C) regarding (0) (6).	

3. Name of Employer USC Keck Hospital  5. Location of Plant involved (street, city, state, and ZIP code)		4a. Tel. No.	4b. Cell No. 310-291-6715	
		4c. Fax No.	4d. e-Mail Lisa.joins@med.usc.edu	
		Employer representative to contact		
1500 San Pablo Street, Los Angeles, CA 90033		Lisa Joins Director HR 323-4428727		
Type of Establishment (factory, mine, wholesaler)     Hospital	Type of Establishment (factory, mine, wholesaler) 8. Principal product		Number of Workers employed     1000	
10. Full name of party filing charge	1 11122	11a. Tel. No.	11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and a	ZIP code)			
(b) (6), (b) (7)(C)				
	12. DECLA	RATION		
I declare that I have read the above charge and	d that the stateme	ents therein are true to the	best of my knowledge and belief.	
			Tel No.	
(b) (6), (b) (7)(C)	(b) (6), (l	b) (7)(C)	(b) (6), (b) (7)(C)	
(signature of representative or person making charge)	ive or person making charge) Print/type name and title or office, if any		ny Cell No.	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)		201 -1	(b) (6), (b) (7)(C)	
		09/29/20	ZO e-Mail	
			(b) (6), (b) (7)(C)	

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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[b) (b) (7) (C)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE		
Case 21-CB-290831	Date Filed 02-17-2022	

NSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR IT				
a. Name	TO NOLINIO NONINO I WINO	b. Union Rep		
ational union healthcare workers		Ben Synder		
		Title: Unio	n ren for l	ILIHW
		The Oillo	ii iop ioi i	
c. Address (Street, city, state, and ZIP code)		d, Tel. No.	i in	e. Cell No.
225 west Broadway street		(818) 241-01	140	(425) 275-8061
CA Glendale 91204		f. Fax No.		g. e-Mail info@nuhw.org
h. The above-named labor organization has engaged in and is engaged (1)(A),(3) are practices affecting commerce within the meaning of the Act, of the Act and the Postal Reorganization Act.	of the Na	tional Labor Re	lations Ac	, and these unfair labor practices
Basis of the Charge (set forth a clear and concise statement of the charge)	the facts constituting the alleg	ed unfair labor i	nractices)	
2. Dasis of the charge (set forth a clear and concise statement of t	rie racis consuluting the alleg	eu uman iabor j	J'actices)	
See additional page				
		r		To the second
Name of Employer		4a. Tel. No. (626) 755-32	36	b. Cell No.
Kaiser Permanente		c. Fax No.	200	d. e-Mail
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Kelly.X.Torley@kp.org
E. Lagation of plant involved (street situated and 710 and 1			G Emp	
5. Location of plant involved (street, city, state and ZIP code)		6. Employer rep Kelly Torley		oyer representative to contact
6640 Alton parkway CA Irvine 92681			l tony	oney
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	nt or service	9 Num	ber of workers employed
1. Type of establishment (reactory, mino, minoedior, etc.)	o. Identity principal product	A OF SOLVIOO	O. Han	boi oi nomoro omproyou
40.5.11		11a. Tel. No		b. Cell No.
10. Full name of party filing charge (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
		c. Fax No.		d. e-Mail
				(b) (6) (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)				(D) (O), (D) (7)(C)
				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				(b) (o), (b) (7)(C)
42 DECLARATION		Tel.	No	400.00
			(b) (6)	(b) (b) (7)(C)
12. DECLARATION  I declare that I have read the above charge and that the statements are true to the opening of the control of	(b) (6), (b) (7)(C)	Cell	(b) (6) No.	, (b) (7)(C)
42 DECLARATION	(b) (6), (b) (7)(C)	Cell	(b) (6) No. (b) (6)	400.00
12. DECLARATION I declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and the declare that I have read the declare	(b) (6), (b) (7)(C)	Cell	(b) (6) No. (b) (6)	, (b) (7)(C)
12. DECLARATION  I declare that I have read the above charge and that the statements are true to the opening of the control of	(b) (6), (b) (7)(C)	Cell	(b) (6) No. (b) (6) No.	, (b) (7)(C) , (b) (7)(C)
12. DECLARATION I declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and that the statements are true to the declare that I have read the above charge and the declare that I have read the declare	(b) (6), (b) (7)(C) be name and title or office, if a	Cell Fax	(b) (6) No. (b) (6) No.	, (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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## **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

### 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE		
Сиве	Date Filed	
21-CC-155076	6/29/2015	

1. LABOR ORGANIZATION OF	THE MODITION ON THE THE TEN	MINITOR IVE			
p. Name	ΠB . Ut		Union Representative to contact		
lional Union of Healthcare Workers		Antonio Orea			
c. Address (Street, city, state, and ZIP code)		t. Tel. No. B18-241-0	140	e. Cell No.	
225 W. Broadway, Suile 135	Ť,	, Fex No.		g. e-Mall	
Glendale, CA 91204		818-241-0	141	orea@nuhw.ora	
h. The above-named organization(s) or its agents has (have) engage eubsection(s) (its subsections) (4)(ii)(B), are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Maties	of I ober Dale	dinna Art	and those unfair labor proofings	
2. Basis of the Charge (set forth e clear and concise statement	of the facts constituting the elleged	untair tahor p	rectices		
Charging party requests section 10(I) relief.					
3, Name of Employer		4a, Tol. No,		b. Cell No. 310-307-6388	
3. Name of Employer Sodexo America LLC		c. Fax No.		310-307-6388 d. e-Mail	
Sodexo America LLC		1	_	310-307-6388 d. e-Mail haward.pripas@sodexo.com	
Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center		c. Fax No.	B. Emp	d. e-Mail haward.pripas@sodexo.com	
Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center 3251 Katella Avenue		c. Fax No.	B. Emp	310-307-6388 d. e-Mail haward.pripas@sodexo.com loyer representative to contact	
Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center		c. Fax No. 310-876-0	B. Emp	d. e-Mail haward.pripas@sodexo.com	
Sodexo America LLC  5. Location of ptent involved (street, city, state and ZIP code) Los Alamitos Medial Center 3251 Katella Avenue  7. Type of establishment (factory, mine, wholeseler, etc.)	8. Identify principal product of Food Service & Housek	c. Fax No. 310-876-0	B. Emp Howa 9, Nun 20+	310-307-6388 d. e-Mail haward.pripas@sodexo.com loyer representative to contact	
Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center 3251 Katella Avenue  7. Type of eatablishment (foctory, mine, wholesaler, etc.) Hospital	8. Identify principal product of Food Service & Housek	c. Fax No. 310-876-0 or service seeping	B. Emp Howa 9, Nun 20+	310-307-6388  d. e-Meil haward.pripas@sodexo.com licyer representative to contact and Pripas heer of workers employed  b. Cell No.	
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Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center 3251 Katella Avenue  7. Type of eatablishment floctory, mine, wholesaler, etc.) Hospital  10. Full neme of party filing charge Sodexo America LLC  11. Address of party filing charge (street, city, state and ZIP code) 9854 National Blvd., Suite 272 Los Angelas, CA 90034	8. Identify principal product of Food Service & Housek	c. Fax No. 310-876-0 or service eeping 11e. Tel. No. c. Fax No. 310-876-0	B. Emp Howa 9, Nun 20+	310-307-6388  d. e-Mail haward.pripas@sodexo.com lioyer representative to contact and Pripas hater of workers employed  b. Cell No. 310-307-6388 d. e-Mail howard.pripas@sodexy	
Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center 3251 Katella Avenue  7. Type of establishment (factory, mine, wholeseler, etc.) Hospital  10. Full name of party filling charge Sodexo America LLC  11. Address of party filling charge (street, city, state and ZIP code) 9854 National Blvd., Suite 272 Los Angelas, CA 90034  declare that I have read the above charge and the late grants therein are to steep the state grants. Steep	8. Identify principal product of Food Service & Housek (e.) Interto the best of my knowledge and belief, then J. Schultz, Attorney	c. Fax No. 310-876-0 or service eeping 11e. Tel. No. 310-876-0 Tel.	B. Emp Howa 9, Num 20+	310-307-6388  d. e-Mail haward.pripas@sodexo.com liover representative to contact and Pripas haver of workers employed  b. Cell No. 310-307-6388 d. e-Mail howard.pripas@sodew	
Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center 3251 Katella Avenue 7. Type of eatablishment (factory, mine, wholesaler, etc.) Hospital 10. Full neme of party filling charge Sodexo America LLC 11. Address of party filling charge (street, city, state and ZIP code) 9854 National Blvd., Suite 272 Los Angelas, CA 90034  declare that they may the play of party filling that there in are to state the state of the	8. Identify principal product of Food Service & Housek	c. Fax No. 310-876-0 or service eeping 11e. Tel. No. 310-876-0 Tel.	8. Emp Howa 9. Nun 20+	310-307-6388  d. e-Mail haward.pripas@sodexo.com liover representative to contact and Pripas haver of workers employed  b. Cell No. 310-307-6388 d. e-Mail howard.pripas@sodew	
Sodexo America LLC  5. Location of plant involved (street, city, state and ZIP code) Los Alamitos Medial Center 3251 Katella Avenue  7. Type of establishment (factory, mine, wholeseler, etc.) Hospital  10. Full name of party filling charge Sodexo America LLC  11. Address of party filling charge (street, city, state and ZIP code) 9854 National Blvd., Suite 272 Los Angelas, CA 90034  declare that I have read the above charge and the late grants therein are to steep the state grants. Steep	8. Identify principal product of Food Service & Housek (e.) Interto the best of my knowledge and belief, then J. Schultz, Attorney	c. Fax No. 310-876-0 or service seping 11e. Tel. No c. Fex No. 310-876-0 Tel. Fex e-M	8. Emp Howa 9. Num 20+ 133 No. 619 No. N/A	310-307-6388  d. e-Mail haward.pripas@sodexo.com liover representative to contact and Pripas haver of workers employed  b. Cell No. 310-307-6388 d. e-Mail howard.pripas@sodew	

D BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is cultiorized by the National Labor Relations Board (NLRB) in proceedings or intigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2009). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to laveke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

	FORM EXEMPT UNDER 44 U S C 3512	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
31-CB-073721	2/1/12	

www Forms Workflow com

OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact a. Name Sal Rosselli, President National Union of Healthcare Workers c. Address (Street, city, state, and ZIP code) d. Tel. No. e. Cell No. Southern California Office 818-241-0140 225 W. Broadway, Suite 135 f. Fax No. g. e-Mail 818-241-0141 Glendale, CA 91204 h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section θ(b), subsection(s) (list subsections) 8(b)(1), 8(b)(2) and 8(b)(3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six month period the above-named labor organization has failed and refused to bargain in good faith with the Charging Party, by conduct including but not limited to engaging in an ongoing plan and pattern of intermittent strike activity, and by threatening to repeat such activity. Within the past six month period the above named labor organization has violated its duty of fair representation to employees of the Charging Party by encouraging and inducing them to participate in an ongoing plan and pattern of intermittent strike activity. 10(j) Injunctive Relief is hereby requested. 4a. Tel. No. b. Cell No. Name of Employer Kaiser Foundation Hospitals, Inc. and Southern California Permanente Medical Group c. Fax No. d. e-Mail Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact Kaiser Los Angeles Medical Center, 4867 West Sunset Blvd, Los Angeles 90027 Michael R. Lindsay, Esq. of Nixon Peabody LLP 8. Identify principal product or service 7 Type of establishment (factory, mine, wholesaler, etc.) 9. Number of workers employed Hospital/Medical Facility Healthcare 100,000+ 11a. Tel. No. b. Cell No. 10. Full name of party filing charge 510-271-6674 Kaiser Foundation Hospitals, Inc. and Southern California Permanente Medical Group c. Fax No. d. e-Mail 510-267-2128 ronald.goldman@kp.org 11. Address of party filing charge (street, city, state and ZIP code.) One Kaiser Plaza, Oakland, CA 94612, Attn.: Ronald Goldman DECLARATION Tel. No. declare that I h atements therein are true to the best of my knowledge and belief. and that the 213-629-6000 Michael R. Lindsay, Attorney Cell No. (signéture of representative or person making charge) (Print/type name and title or office, if any) Fax No. Nixon Peabody LLP, 866-293-2786 Gas Company Tower, \$55 W. Fifth St., 46th Fl. mlindsay@nixonpeabody.com Address Los Angeles, CA 90013 (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD 1st Amended CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WR	ITE IN THIS SPACE
Case	Date Filed
31-CB-073721	4-9-2012

1. LABOR ORGANIZATION	OR ITS AGENTS AGAINST WHICH			rea or is occurring.
a Name National Union of Healthcare Workers		b Union Repi Sal Rossel		
c Address (Street, city, state, and ZIP code) Southern California Office		d. Tel. No 818-241-0	140	e. Cell No.
225 W. Broadway, Suite 135 Glendale, CA 91204		f. Fax No. 818-241-01		g, e-Mail
h. The above-named organization(s) or its agents has (have, subsection(s) (list subsections) 8(b)(1)(A), 8(b)(2) are are unfair practices affecting commerce within the meaning meaning of the Act and the Postal Reorganization Act.	nd 8(b)(3) of the Na	tional Labor Rela	ations Act	and these unfair labor practices
2 Basis of the Charge (set forth a clear and concise stater. Within the past six month period the above with the Charging Party, by conduct including strike activity, and by threatening to repeat six. Within the past six month period the above employees of the Charging Party by encouraintermittent strike activity. 10(j) Injunctive Relief is hereby requested. This First Amended Charge is intended to No. 31-CB-073721.	e-named labor organization ha g but not limited to engaging in uch activity. e named labor organization ha aging and inducing them to par	is failed and r n an ongoing p is violated its ticipate in an	efused I plan and duty of I ongoing	d pattern of intermittent fair representation to g plan and pattern of
Name of Employer     Kaiser Foundation Hospitals, Inc. and Souther	ern California Permanente	4a. Tel. No.		b Cell No
Medical Group		c Fax No.		d e-Mail
5 Location of plant involved (street, city, state and ZIP coor Kaiser Los Angeles Medical Center, 4867 We		90027		oyer representative to contact el R. Lindsay, Esq. of Nixon dy LLP
<ol> <li>Type of establishment (factory, mine, wholesaler, etc.)         Hospital/Medical Facility</li> </ol>	8 Identify principal production Healthcare	ct or service	9. Numb 100,00	er of workers employed 0+
10. Full name of party filing charge Kaiser Foundation Hospitals, Inc. and South	ern California Permanente	11a. Tel. No. 510-271-6		b Cell No
Medical Group		c. Fax No. 510-267-2	128	d. e-Mail ronald.goldman@kp.org
11 Address of party filing charge (street, city, state and ZIP One Kaiser Plaza, Oakland, CA 94612, Attn.				
12. DECLARATI I declare that I have read the above charge and that the statements therein		Tel.	No. 3-629-60	000
(signature of representative or person beking charge)		Cell		
Nixon Peabody LLP,	acth Ci		-293-27	86
Gas Company Tower, 555 W. Fifth St., 4 Address Los Angeles, CA 90013	40 F1. (date)	e-Ma mlir		nixonpeabody com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes

American LegalNet, Inc.

UNITED STATES OF AMERICA		no	NOT WE	RITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	C	ase	71401 441	Date filed	
CHARGE AGAINST LABOR ORGANIZATI OR ITS AGENTS	ON	31-CB-07749	94	3-	22-2012
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Regio	onal Director of the	egion in v	which the alleged unfai	ir labor practice
1. LABOR ORGANIZATIO	ON OR ITS AGENT	S AGAINST WHICH O	HARGEIS	BROUGHT	
Name     National Union of Healthcare Workers			presentativ	re to Contact	
c. Address 225 W. Broadway, Suite 135		d. Tel. No. 818/241-0	the second second second	Cell No.	
Glendale, CA 91204		f. Fax No. 818/241-0		ı. e-Maii s.rosselli@nuhw.org	]
<ul> <li>The above-named labor organization or its agents h 8(b), subsection(s) (1)(A) of the National Labor Relative meaning of the Act, or are unfair practices affect</li> </ul>	ations Act, and the	se unfair labor practi	ces are un	fair practices affecting co	ommerce within
2 Basis of the Charge (set forth a clear and concise st Within the last 6 months, the above-nam harassed and intimidated the undersigne seeking to decertify NUHW.	ned labor organ	nization, through	its agent	s and representativ	
3. Name of Employer	Y	4a. Tel. No.	4	b. Cell No.	
Kaiser Permanente		323/783- 7718	4	4d. e-Mail	
		4c. Fax No. 323/783- 0279		aul.j.martin@kp.org	1
5. Location of Plant involved (street, city, state, and ZIF	code)		representa	tive to contact	
4867 Sunset Bl. Los Angeles, CA 90027		Paul Ma			
7. Type of Establishment (factory, mine, wholesaler)	R Principal or	oduct or service	O Nue	mber of Workers employ	und
Hospital/Medical Center	healthcare a		2000		red
10 Full name of party filing charge	3011003	11a. Tel. No.		11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7			
		11c. Fax No		11d e-Mail (b) (6), (b) (7)(6	C)
11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	ZIP code)			- Lagranda A	
	46 550				
I declare that I have read the above charge a		ARATION	e to the t	est of my knowledge:	and bolief
(b) (6), (b) (7)(C)		, (b) (7)(C), An In		Tel No. (b) (6), (b) (7)(C)	3113 001/01
Ву				Cell No.	
(sign:	Print/(	type name and title of	office, if	Fax No.	
Address.	- may all and the	Date:	Dark.	e-Mail	
(b) (6), (b) (7)(C)		3/21	2012	(b) (6), (b) (7)(0	C)

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRR) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

	FORM EXEMPT UNDER 44 U.S.C 3512
Case 31-CB-093744	Date Filed 11-26-12

OR ITS AGENTS

1. LABUR UNGANIZATION C	OR ITS AGENTS AGAINST WHIC	ALI OFINITOR ID	11000.	
. Name		b. Union Rep		re to contact
Valional Union of Healthcare Workers		Ralph Cor	nejo	
. Address (Street, city, state, and ZIP code)		d. Tel. No. 818-241-0	140	e. Cell Na.
25 W. Broadway.		f, Fax No.	170	g. e-Msil
135 Sendale, CA 91204		818-241-0	141	(b) (6), (b) (7)(C)
n. The above-named organization(s) or its agents has (have) ensubsection(s) (list subsections) 1(A) are unfair practices effecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	of the No	ational Labor Rel	anons Ac	end these untail labor practi
. Basie of the Charge (set forth a clear and concise statemen	t of the facts constituting the alleg	ged unfair labor p	ractices)	
하는 사람들 가능한 장면 하는 하는 사람들이 되었다.		4s. Tel. No. 323-783-6	900	b. Cell No.
하는 사람들 가능한 장면 하는 하는 사람들이 되었다.		4s. Tel. No. 323-783-6 c. Fax No.	900	b. Cell No.
Caiser Foundation Hospital  Location of plant involved (street, city, state and ZIP code)  1867 Sunset Boulevard		323-783-6		d. ø-Mall over representative to contact
Caiser Foundation Hospital  Location of plant involved (street, city, state and ZIP code) 1667 Sunset Boulevard Los Angeles, CA 90027  Type of establishment (factory, mine, wholesaler, etc.)	B. Identify principal produ Healthcare	323-783-6 c. Fax No.	6. Emp Paul M	d. ø-Mall løyer representative to contact Martin ber of workens employed
Caiser Foundation Hospital  Location of plant involved (street, city, state and ZIP code) 1867 Sunset Boulevard Los Angeles, CA 90027  Type of establishment (factory, mine, wholesaler, etc.) Hospital  Full name of party filing charge		323-783-6 c. Fax No.	6. Emp Paul M 9. Num 1100	d. ø-Mall løyer representative to contact Martin ber of workens employed
Kaiser Foundation Hospital  Location of plant involved (street, city, state and ZIP code)  1867 Sunset Boulevard  Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  Hospital  0. Full name of party filing charge		323-783-6' c. Fax No.	6. Emp Paul M 9. Num 1100	d. ø-Malf loyer representative to contact Martin ber of workens employed
Kaiser Foundation Hospital  Location of plant involved (street, city, state and ZIP code)  4867 Sunset Boulevard  Los Angeles, CA 90027  Type of establishment (factory, mine, wholesaler, etc.)  Hospital  D. Full name of party filing charge  b) (6), (b) (7)(C)	Healthcare	323-783-6 c. Fax No. ct or service 11s. Tei. No. (b) (6), (b) (7	6. Emp Paul M 9. Num 1100	d. ø-Malf loyer representative to contact flartin ber of workens employed 6. Cell No.
Caiser Foundation Hospital  Location of plant involved (street, city, state and ZIP code) 4867 Sunset Boulevard Los Angeles, CA 90027  Type of establishment (factory, mine, wholesaler, etc.) Hospital  D. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state and ZIP code)  (6), (b) (7)(C)	Healthcare	323-783-6 c. Fax No. ct or service 11a. Tei. No. (b) (6), (b) (7 c. Fex No.	6. Emp Paul M 9. Num 1100	d. a-Mall loyer representative to contact flartin ber of workers employed t b. Cett No. d. e-Mall
(b) (6), (b) (7)(C)	Healthcare	323-783-6' c. Fax No.  ct or service  11a. Tel. No. (b) (6), (b) (7 c. Fex No.	6. Emp Paul M 9. Num 1100	d. a-Mall loyer representative to contact flartin ber of workers employed t b. Cett No. d. e-Mall

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA). 29 U.S.C. 5 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings of libigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, fedure to suitely the information will cause the NLRB to dedine to haveke its processes.

UNITED STATES OF AMERICA			NOT WR	TE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Ca	41 41 41		Dete fled
CHARGE AGAINST LABOR ORGANIZATION	3	1-CB-095860		1/4/13
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Region	nal Director of the r	gion in w	hich the alleged unfair labor practice
1. LABOR ORGANIZATIO	N OR ITS AGENTS	AGAINST WHICH C	HARGE IS	BROUGHT
a. Name		b. Union Rep		
National Union of Healthcare Workers		Ralph Com	εjo	
c Address		d. Tel. No.		Cell No.
225 W. Broadway, #135, Glendale, CA 91204		818-241-01		
		f. Fax No. 818-241-01		e-Mail ) (6), (b) (7)(C)
e. The above-named labor organization or its agents h 8(b), subsection(s) 1(A) of the National commerce within the meaning of the Act, or are unformation act.  Basis of the Charge (set forth a clear and concise st.)	Labor Relations A ir practices affecti	Act, and these unfairing commerce within	abor practi he meanin	ces are unfair practices affecting g of the Act and the Postal
3 Name of Employer	21,000	4a. Tel No.		4b. Cell No.
Kaiser Foundation Hospital		323-783-69	00	
		4c. Fax No.		4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIF	code)	6. Employer	representa	tive to contact
4867 Sunset Boulevard		Paul Martin		
Los Angeles, CA 90027				
7. Type of Establishment (lactory, mine, wholeseler)	8. Principal pro	oduct or service	9. Nun	nber of Workers employed
Hospital	Healthcare		1100+	
10. Full name of party filing charge		11a, Tel. No.		11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	(b) (6), (b) (7)(C)
		11c. Fex No		11d e-Mali
				(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)				
I declare that I have read the above charge a	12. DECL nd that the states		ue to the b	est of my knowledge and belief.
<sup>By.</sup> (b) (6), (b) (7)(C)				Tel No. (b) (6), (b) (7)(C)
	(b) (6), (l	b) (7)(C)		Cell No.
(sf		name and title or offi	re if and	(b) (6), (b) (7)(C)
7	(Finitype	name and tide or on	ce, ii any)	Fax No
Add (b) (6), (b) (7)(C)		Date:		e-Mail

WILLPUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006), The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT W	IRITE IN THIS SPACE
Case	Date Filed
31-CB-110751	8 - 9 - 2013

1. LABOR ORGANIZATION OF	RITS AGENTS AGAINST WH	ICH CHARGE IS	BROUGH	
a. Name		b. Union Rep	resentativ	e to contact
National Union of Healthcare Workers		Abid Yahy	/a	
o. Address (Street, city, state, and ZIP code)		d, Tel. No. (510) 834	-2009	e. Cell No.
5801 Christie Ave. #525		f. Fax No.		g, e-Mail
Emeryville, CA 94608		(510) 834-	2010	9, 4,7-4,
h. The above-named organization(s) or its agents has (have) engine subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the N	lational Labor Rei	ations Act	, and these unfair labor practical
Within the past six months, the National Union of He exercise of the rights guaranteed by section 7 of the statutory supervisors at AIDS Healthcare Foundation certification (Case No. 31-RC-110350). Supervisors at the Employer's healthcare facilities and solicited upon the content of the Employer's healthcare facilities.	Act in that that the Union (the Employer) in organs of the Employer were in	on worked with nizing activities astrumental in	and the s resulting the Unio	ough individuals who are ng In a petition for on's organizing activities
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor		4a, Tel. No. (323) 860- c. Fax No.	5200	b. Cell No.
3. Name of Employer AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code)		(323) 860-	8. Empl	d. e-Mail  oyer representative to contact
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028		(323) 860-	8. Empl	d. e-Mail
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code)	8. Identify principal prod Healthcare	(323) 860- c. Fax No.	8. Empl Michae 9. Numl	d. e-Mail  oyer representative to contact
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code) 7. Type of establishment (factory, mine, wholesaler, etc.)		(323) 860- c. Fax No.	8. Empl Michael 9. Num 99 - in	d. e-Mail  over representative to contact all Weinstein  ber of workers employed
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code) 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facility 10. Full name of party filing charge AIDS Healthcare Foundation	Healthcare	(323) 860- c. Fax No. uct or service	8. Empl Michael 9. Num 99 - in	d. e-Mail  over representative to contact all Weinstein  ber of workers employed healthcare facilities
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code) 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facility 10. Full name of party filing charge AIDS Healthcare Foundation 11. Address of party filing charge (street, city, state and ZIP code 6255 W. Sunset Blvd., 21st Floor	Healthcare	(323) 860- c. Fax No. uct or service 11a. Tel. No (323) 860-	8. Empl Michael 9. Num 99 - in	d. e-Mail  oyer representative to contact el Weinstein  ber of workers employed healthcare facilities  b. Cell No.
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code) 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facility 10. Full name of party filing charge AIDS Healthcare Foundation 11. Address of party filing charge (street, city, state and ZIP code 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90026	Healthcare e)	(323) 860- c. Fax No. uct or service 11a. Tel. No (323) 860- c. Fax No.	8. Empl Michae 9. Numl 99 - in 5200	d. e-Mail  over representative to contact el Weinstein  ber of workers employed healthcare facilities  b. Cell No.  d. e-Mail
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code) 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facility 10. Full name of party filing charge AIDS Healthcare Foundation 11. Address of party filing charge (street, city, state and ZIP code 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90026.  dedare that have regular across charge approach the statements therein are to Reed	Healthcare  e)  one to the best of my knowledge and the best of my know	(323) 860- c. Fax No. uct or service 11a. Tel. No (323) 860- c. Fax No.	8. Empl Michae 9. Numl 99 - in 5200	d. e-Mail  oyer representative to contact el Weinstein  ber of workers employed healthcare facilities  b. Cell No.
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code) 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facility 10. Full name of party filing charge AIDS Healthcare Foundation 11. Address of party filing charge (street, city, state and ZIP code 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028  dedare that have reagain across charge and out the statements therein are to	Healthcare  e)  one to the best of my knowledge and the best of my know	(323) 860- c. Fax No. uct or service 11a. Tel. No (323) 860- c. Fax No.	8. Empl Michae 9. Numl 99 - in 5200	d. e-Mail  over representative to contact el Weinstein  ber of workers employed healthcare facilities  b. Cell No.  d. e-Mail
AIDS Healthcare Foundation 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028 5. Location of plant involved (street, city, state and ZIP code) 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facility 10. Full name of party filing charge AIDS Healthcare Foundation 11. Address of party filing charge (street, city, state and ZIP code 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90026.  dedare that have regular across charge approach the statements therein are to Reed	Healthcare  e)  nue to the best of my knowledge and to the best of my knowledge and to the best of my knowledge and the confice, if	(323) 860- c. Fax No.  uct or service  11a. Tel. No (323) 860- c. Fax No.  Tel.  cellef.  Cell  any)  Fax  e-M	8. Empl Michae 9. Numl 99 - in 5200	d. e-Mail  over representative to contact el Weinstein  ber of workers employed healthcare facilities  b. Cell No.  d. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUMS HED BY FINE AND IMPRISONMENT (U.S. GODE, THE 16. SECTION 1997)

PRIVACY ACT STATEMENT

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#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION **OR ITS AGENTS**

W	FORM EXEMPT UNDER 44 U.S.C 3512		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
31-CB-112603	9/3/2013		

INSTRUCTIONS: File an original with NLRB Regional Director for	r the region in which the alleged	d unfair lebor pr	actice occu	irred or is occurring.
1. LABOR ORGANIZATION OF	R ITS AGENTS AGAINST WHIC			
Name ational Union of Healthcare Workers		b. Union Representative to contact Abid Yahya		
c Address (Street, city, state, and ZIP code) 5801 Christie Ave. #525		d. Tel. No. (510) 834	-2009	a. Cell No.
Emeryville, CA 94608		f. Fax No. (510) 834	-2019	g. e-Mail
h. The above-named organization(s) or its agents has (have) engasubsection(s) (fist subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Na	ational Labor Re	lations Act	, and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleg	ged unfair labor	practices)	· · · · · · · · · · · · · · · · · · ·
Within the past six months, the labor organization re in section 7 of the Act in that that supervisors of the the Employer's facilities and solicited union authorization authorizatio	Employer were instrume	ntal in the at	tempted rest in or	organizing of the Union at
7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare Facility	Identify principal produ Healthcare	act or service	9. Numl	ber of workers employed
Full name of party filing charge DS Healthcare Foundation		11a. Tel. No (323) 860 c. Fax No.		b. Cell No.
11. Address of party filing charge (street, citv. state and ZIP code 8255 W. Sunset Blvd., 21st Floor Los Angeles CA 90028				d. e-Mail
declare the Litture read the above arrange and marker statements therein are tr		ellef.	. No.	
	ed E. Schaper, Esq. type name and title or office, if a	any)	No.	
Hirschfeld Kraemer LLP Address 233 Wilshire Blvd., Suite 600, Santa Monica,	, CA 90401 (date) 8/3	the season	/ail	
MAIL CHIL EAL PE PTATEMPNYS ON THE SHAPE SALES	PARTELINATION ONLY PRINCE ATTOCK	DIOONICADAD **	10.655	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfor labor practice and related proceedings or libgation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD		Case		Date filed		
CHARGE AGAINST LABOR ORGANIZATIO OR ITS AGENTS		31-CB-116193		10-30-13		
INSTRUCTIONS: File an original of this charge with to occurred or is occurring.						
LABOR ORGANIZATION  A Name	N OR ITS AGENTS					
a. Name National Union of Healthcare Workers (NUHW)		Union Representative to Contact     David Mallon, Union Representative     Hilda Poulson, Union Representative				
c Address		d. Tel. No	e.Cell N			
225 W. Broadway, Suite 155		(818) 241-0140		, cii 110.		
Glendale, CA 91204			1			
		f. Fax No. (818) 241-0141	g. e-Ma	ii .		
h. The above-named labor organization or its agents ha	ve engaged in and		bor practice	s within the meaning of section		
8(b), subsection(s) (1)(A) of the National Labor Relati	ions Act, and these	unfair labor practices are	unfair prac	tices affecting commerce within		
the meaning of the Act, or are unfair practices affecting	ng commerce within	n the meaning of the Act :	and the Pos	stal Reorganization Act.		
<ol><li>Basis of the Charge (set forth a clear and concise state</li></ol>	rement of the facts	constituting the alleged u	ntair labor j	orecnices)		
Within the past six (6) months, the abi	ove-named la	hor organization h	ac rectes	ined and coproad		
employees by failing to properly repre						
with the Employer and by negotiating						
moved down on the list for choosing v	acation time.	for arbitrary or disc	neiminate	in reacone or in had		
	NOT BE STATE A SUMMER OF A	101 41011141 01 414	Chiminal	ny reasons of in bad		
faith.		ioi aibiliary or aib	Cimman	ny reasons or in bad		
200.20		4a. Tel. No.	4b. Cell			
3. Name of Employer				No.		
3, Name of Employer		4a. Tel. No.	4b. Cell	No.		
3. Name of Employer  Kaiser Permanente		4a. Tel. No. (323) 783-5941 4c. Fax No.	4b. Cell 4d. e-Mi	No. ail		
Name of Employer     Kaiser Permanente		4a. Tel. No. (323) 783-5941	4b. Cell 4d. e-Mi	No. ail		
3. Name of Employer  Kaiser Permanente  5. Location of Plant involved (street, city, state, and ZIP)		4a. Tel. No. (323) 783-5941 4c. Fax No.	4b. Cell 4d. e-Mi	No. ail		
3. Name of Employer  Kaiser Permanente  5. Location of Plant involved (street, city, state, and ZIP 4867 Sunset Blvd.		4a. Tel. No. (323) 783-5941 4c. Fax No.	4b. Cell 4d. e-Mi	No. ail		
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006) The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED BIATES OF AMERICA		DO NOT WRITE		
NATIONAL LARGE RELATIONS BOARD	Case		**********	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	31-C	31-CB-124547		3/14/2014
NSTRUCTIONS: File an original of this charge with the occurred or is occurring.				
1. LABOR ORGANIZATION	OR ITS AGENTS AG			
Name     National Union of Healthcare Workers (NUHW)		b. Union Represe David Mallon, Hilda Poulson	Union Repre	sentative
c. Address -22 W. Broadway, Suite 155		d. Tel. No. (818)241-0140	p.Cell No.	*
Glendale, CA 91204		f. Fax No. (818)241-0141	g. e-Mail	
<ol> <li>Basis of the Charge (set both a clear and conclus states)</li> <li>Within the last six months the above-national process the grievance of refused to allow process to participate in the conclusion.</li> </ol>	med labor org (b) (6), (b) (	anization has n	estrained ar	nd coerced employs of seniority and
to bar owhere in the				
Holiday time off agreements for arbitrar		lory reasons o	r in bad faith	1,
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WILL FUL FALSE STATEMENTS ON THIS CHARGE CAN BE FUNISHED BY PINE AND EMPRISONMENT (U.S. CODE, TITLE IS, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Luber Relations Act (NLRA), 29 U.S.C. § 131 et seq. The principal use of the information is to exists the National Luber Relations Board (NLRR) in practice and related proceedings or Relation. The routing uses for the information are fully set forth in the Pederal Register. 71 Fed. Reg. 73942-43 (Dec. 11, 2006). The NLRE will further explain those uses upon request. Discharge of this referencient to the PILRB is voluntary, however, evilune to supply the information will cause the PILRB to decifie to invoke its processes.

(D)(6)(0)(7)(C)

## UNITED ATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

	FORM EXEMPT UNDER 44 U S C 351
DO NOT	WRITE IN THIS SPACE
Case	Date Filed
31-CB-136254	9/5/14

**OR ITS AGENTS** INSTRUCTIONS File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b Union Representative to contact a. Name Ralph Cornejo National Union of Healthcare Workers c Address (Street, city, state, and ZIP code) e. Cell No. d Tel. No. 5801 Christie Avenue 510-834-2009 Emeryville, CA 94608 f Fax No. g e-Mail 510-834-2019 h The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) 8(b)(3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six months, the National Union of Healthcare Workers ("Union") has violated the Act by failing to respond to lawful requests for information from the Employer and by providing inadequate and untimely responses to lawful requests for information from the Employer as follows: First request, dated August 26, 2014, requesting information regarding a scheduled vote regarding the designated bargaining representative for the registered nurses bargaining unit at Los Angeles Medical Center; Second request, dated August 29, 2014, requesting similar information following the Union's advisement that it had delegated representational responsibilities for the bargaining unit to staff of the California Nurses Association ("CNA") and request that the Employer treat CNA as though it were the representative of the bargaining unit. The union provided only partial information in response to the second request. b Cell No. 4a. Tel No. Name of Employer Kaiser Foundation Hospitals, Inc. c. Fax No. d e-Mail 6 Employer representative to contact Location of plant involved (street, city, state and ZIP code) Michael R. Lindsay, Esq. of Kaiser Los Angeles Medical Center, 4867 West Sunset Blvd, Los Angeles 90027 Nixon Peabody LLP 9 Number of workers employed Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 20.000+ Medical Facility Healthcare 11a, Tel. No b. Cell No. 10 Full name of party filing charge 510-271-6674 Kaiser Foundation Hospitals, Inc. d. e-Mail c Fax No 510-267-2128 ronald.goldman@kp.org 11. Address of party filing charge (street, city, state and ZIP code ) One Kaiser Plaza Oakland, CA 94612 Attn: Ronald Goldman 12. DECLARATION Tel No. ead the above change and that the statements therein are true to the best of my knowledge and belief 213-629-6000 Michael R. Lindsay, Attorney Cell No (signature of representative or person making charge) (Print/type name and title or office, if any) Nixon Peabody/LLP Fax No. Gas Company Tower 866-293-2786 555 West Fifth Street, 46th Floor e-Mail mlindsay@nixonpeabody.com (date) September 5, 2014 Address Los Angeles, CA 90013

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C. 2518	
DO NOT WRITE IN THIS SPACE		
Case 31-CB-137037	Date Filed 9/17/14	

INSTRUCTIONS: File an original with NLAB Aegional Director for	or the region in which the alleged	dunfair labor pri	actice occ	urred or is accurring.
1 LABOR ORGANIZATION O	A ITS AGENTS AGAINST WHI	CH CHARGE IS	BROUGH	47
a Name		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ve to contact
tional Union of Healthcare Workers		Florice Hoffman, Esq.		
c Address (Street, city, state, and ZIP code)		d. Tel. No.	1170	e. Cell No
Law Offices of Florice Hoffman		714-282-	11/9	g. e-Mall
8502 E. Chapman Avenue, Suite 353		f. Fax No.	7040	moffman@socal.rr.com
Orange, CA 92869-2461		714-282-		
h. The above-named organization(s) or its agents has (have) eng subsection(s) (first subsections) 8(b)(1)(A) and 8(b)(2) are unfair practices affecting commerce within the meaning of meaning of the Act and the Postal Asorganization Act				
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleg	ged unfair labor	practices)	
Within the last six months, and during the critical per and/or cede its 9(a) representational obligations to a vote" and "service agreement", with the apparent of misleading the electorate and aiding that entity in succonditions is fully remedied and the status quo anter the status and aiding the status are anterest.  3. Name of Employer Kaiser Foundation Hospitals	another labor organization pjectives of providing the t ucceeding in the election t	under the gr ransferee en by unfair and	uise of a tity with imprope 1-RC-09	an alleged "disaffiliation illegitimate authority, and er means. Until this set of
5 Longton of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd Los Angeles, CA 90027			E Emp Micha	loyer representative to contact tel Lindsay
7 Type of establishment (factory, mine, whoteseler, etc.) Medical Facility	Identify principal produ  Health care	ict or service	9 Nun Over	nber of workers employed 800
10 Full name of party filing charge Graphics Communications Conference for the Interr	national Brotherhood of	11a. Tel. No. 202 230-9794 c Fex No.		b. Cell No 202 230-9794
Teamsters				d e-Mail
11. Address of party filing charge (street, city, state and ZIP code 1900 L Street, NW Washington, DC 20036	e).	1		(b) (6), (b) (7)(C)
12. DECLARATION	true to the best of my knowledge and ba	Tel	No. 818	973-3200
By tah. Ital	Gottlieb, Attorney	Cel	No.	4
	** - 20000 - 0000 0000 0000 0000		818	3 973-3201
500 N. Central Avenue, Suite 600 Address Glendale, CA 91203	(date) 09/1	A. Control	fall igottl	ob@bushgoillieb.com
· · · · · · · · · · · · · · · · · · ·				

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 eilised. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings of illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 15, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
31-CB-137927 10/1/14					

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor gradier accurred or is occurred.

I. DABON ONGANIZATION OF	RITS AGENTS AGAINST WH	IICH CHARGE IS BRO	XJGHT		
a. Name			cutative to contact		
ational Union of Healthcare Workers (NUHW)		Ralph Corne	David Mallon Ralph Cornejo Hilda Poulson (no longer with NUHW)		
c. Address (Street, city, state, and ZIP code)		d. Tel. No. 818-241-014	e. Cell No 562-810-9003		
25 W. Broadway, Suite 155 Glendale, CA 91204		f. FaxNo. 818-241-014	g. e-Mail dmallon@nuhw.org		
h. The above-named organization(s) or its agents has (have) enga subsection(s) (list subsections) 8(b)(1)(A); Sec? for reta are unfair practices affecting commerce within the meaning of the act and the Postal Reorganization Act.	liation: 8(b)(2) of the I	National Labor Relatio	n: Act, and these unfair labor practices		
2. Basis of the Charge (set forth a clear and concise statement of	of the facts constituting the all-	eged unfair labor prac	(in res)		
bargaining. Old didn't even bother to take the matter of yes votes are needed to start to decertify a union. an actual vote are arbitrary, discriminatory, unfair, or complaints: I believe that Old on the fundamental of the old	So ble black bar of 62.5 in bad faith. Sec??? of gainst me is due to my	% yes votes, & T f NLRA for union's 2 previous NLRB	final decision without even retaliation for previous NLRB complaints against office		
was motivated by retaliation. 8(b)(2): It is clear that the 2014 pickings for 2015 occurred on 9/22/14. (b)(6) unfair, or in bad faith. (conduct caused the rapid a 3. Name of Employer	led the employer conduct led to (b)(6).	to decide not to n	avise the 2 Policies in 2014 so are arbitrary, discriminatory, t against me.  b. Cell No.		
was motivated by retaliation, 8(b)(2): It is clear that the 2014 pickings for 2015 occurred on 9/22/14. (a)(c) unfair, or in bad faith. (a)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)	led the employer conduct led to (b)(6).	to decide not to re (0)(7)(C) acts which work environment 4a. Tel. No.	avise the 2 Policies in 2014 so are arbitrary, discriminatory, t against me.  b. Cell No.		
was motivated by retaliation. 8(b)(2): It is clear that the 2014 pickings for 2015 occurred on 9/22/14. The unfair, or in bad faith. The conduct caused the rapid at 3. Name of Employer Kaiser Permanente Los Angeles Medical Center 5. Location of plant involved (street, city, state and 2IP code) 4867 Sunset Blvd.	led the employer conduct led to (b)(6).	to decide not to not to decide not to not on the control of the co	avise the 2 Policies in 2014 so are arbitrary, discriminatory, t against me.  b. Cell No.		
was motivated by retaliation. 8(b)(2): It is clear that the 2014 pickings for 2015 occurred on 9/22/14. (b)(6) unfair, or in bad faith. (c)(6) conduct caused the rapid at 3. Name of Employer Kaiser Permanente Los Angeles Medical Center (c) Location of plant involved (street, city, slate and 2IP code) 4867 Sunset Blvd.  Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.)	led the employer conduct led to (b)(6) acceleration of a hostile	to decide not to not not	evise the 2 Policies in 2014 so are arbitrary, discriminatory, t against me.  b. Cell No.  d. e-Mall  I.mployer representative to contact issa Mooney colleen O'Brien  I tumber of workers employed		
was motivated by retaliation. 8(b)(2): It is clear that the 2014 pickings for 2015 occurred on 9/22/14. The unfair, or in bad faith. The conduct caused the rapid at 3. Name of Employer Kaiser Permanente Los Angeles Medical Center  5. Location of plant involved (street, city, state and 2IP code) 4867 Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C)	ed the employer conduct led to (1916) acceleration of a hostile  8. Identify principal procedural Care	to decide not to not not	are arbitrary, discriminatory, t against me.  b. Cell No.  d. e-Mall  Limployer representative to contact issa Mooney colleen O'Brien  lumber of workers employed for than 500  b. Cell No. (b) (6), (b) (7)(C)  d. e-Mail		
was motivated by retaliation. 8(b)(2): It is clear that the 2014 pickings for 2015 occurred on 9/22/14. The unfair, or in bad faith. The conduct caused the rapid at 3. Name of Employer Kaiser Permanente Los Angeles Medical Center  5. Location of plant involved (street, city, state and 2IP code) 4867 Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Hospital  10. Full name of party filing charge	ed the employer conduct led to (1916) acceleration of a hostile  8. Identify principal procedural Care	to decide not to no (b) (7)(C) acts which work environmen 4a. Tel. No. 323-363-810 c. Fax No. 6. L. Coduct or service 9. No. (b) (6), (b) (7)(C)	evise the 2 Policies in 2014 so are arbitrary, discriminatory, t against me.  b. Cell No.  d. e-Mall  I.mployer representative to contact issa Mooney colleen O'Brien  I tumber of workers employed for than 500  b. Cell No. (b) (6), (b) (7)(C)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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No. 0655 P. 3/3

INTERNET FORM NLRB-508 (2-00)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FUNN CAEMPT UNDER 44 U S.C 3512	
DO NOT WRITE IN THIS SPACE		
Case 31-CB-139106	Date Filed 10/17/14	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

National Union of Healthcare Workers		Florice Ho	offman,	Esq.
c. Address (Street, city, state, and ZIP code) Law Offices of Florice Hoffman	-	d. Yel. No. 714-282-	1179	e. Cell No.
8502 E. Chapman Avenue, Suite 353 Orange, CA 92869-2461		f. Fax No. 714-282-7	918	g. e-Mail fhoffman@socal.rr.com
h. The above-named organization(s) or its agents has (have) eng subsection(s) (flist subsections) 8(b)(1)(A) and 8(b)(2) are unfair practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	gaged in and is (e/e) engaging in i of the Na the Act, or these unfair labor prac	unfair labor prac ational Labor Re	tices with	in the meening of section 8(b), if, and these unfair labor practice affecting commerce within the
Within the last six months, Charged Party has viola which it agreed not to coerce employees into paying indicating to employees that dues payment was new Within the last six months. Charged Party has made agreement suggesting that it was ceding its representation proceeding.	g dues in the absence of a cessary to obtain eligibility emisleading statements to	valid union s to vote in a r employees	security epreser and ent	clause by suggesting or natation election. ered into a service
Name of Employer     Kaiser Foundation Hospitals		4a Tel No. 510 271-6 c Fax No		b. Cell No. d. e-Mail
		510 271-6	674	7 7 7 7 7
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd	Identify principal production     Health care	510 271-6 c Fax No	6. Emp	d. e-Mail  clover representative to contact let Lindsay  mber of workers employed
Kaiser Foundation Hospitals  5. Location of plant lovolyed (street, city, state and ZIP code) 4867 W Sunset Blvd Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.)	Health care	510 271-6 c Fax No	6. Emp Micha 9 Nun Over	d. e-Mail  clover representative to contact set Lindsay  nber of workers employed  800  b. Cell No. 202 230-9794
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Medical Facility  10. Full name of party filing charge Graphics Communications Conference for the InterTeamsters	Health care	510 271-6 c Fax No ct or service	6. Emp Micha 9 Nun Over	d. e-Mail  blover representative to contact and Lindsay  mber of workers employed  800  b. Cell No. 202 230-9794  d. e-Mail
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Medical Facility  10. Full name of party filing charge Graphics Communications Conference for the Inter	Health care	510 271-6 c Fax No ct or service	6. Emp Micha 9 Nun Over	d. e-Mail  clover representative to contact set Lindsay  nber of workers employed  800  b. Cell No. 202 230-9794
Kaiser Foundation Hospitals  5 Location of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd Los Angeles, CA 90027  7 Type of establishment (factory, mine, wholesaler, etc.) Medical Facility  10. Full name of party filing charge Graphics Communications Conference for the Inter Teamsters  11. Address of party filing charge (street, city, state and ZIP cod 1900 L Street, NW Washington, DC 20036  12. DECLARATION declare that I have read the above charge and that the statements therein are	Health care rnational Brotherhood of	ct or service  11a, Tel. No. 202 230-9 c. Fax No.	6. Emp Michael 9 Nun Over 0.	d. e-Mail  blover representative to contact and Lindsay  mber of workers employed  800  b. Cell No. 202 230-9794  d. e-Mail
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd Los Angeles, CA 90027  7. Type of establishment (lactory, mine, wholesaler, etc.) Medical Facility 10. Full name of party filing charge Graphics Communications Conference for the Intertemsters 11. Address of party filing charge (street, city, state and ZIP conference) 1900 L Street, NW Washington, DC 20036  12. DECLARATION declare that I have read the above charge and that the statements therein are By	Health care  rnational Brotherhood of  de )  true to the best of my knowledge and be	ct or service  11a. Tel. No. 202 230-9 c. Fax No.	9 Num Over 0. 794	d. e-Mail  blover representative to contact and Lindsay  mber of workers employed  800  b. Cell No. 202 230-9794  d. e-Mail  (b) (6), (b) (7)(C)

PRIVACY ACT STATEMENT

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

	FORM EXEMPT UNDER 44 U S C 351	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
31-CB-140496	11/7/14	
£		

ORIGINAL

OR ITS AGENTS	5		37	
INSTRUCTIONS: File an original with NLRB Regional Director	for the region in which the alleged u	nfair labor prac	ctice occurr	red or is occurring
1 LABOR ORGANIZATION	OR ITS AGENTS AGAINST WHICH	CHARGE IS B	ROUGHT	
Name     National Union of Healthcare Workers		b. Union Rep Ralph Cor		e to contact
c Address (Street, city, state, and ZIP code) 5801 Christie Avenue		d Tel. No. 510-834-2	009	e. Cell No
Emeryville, CA 94608		t. Fax No. 510-834-2	019	g. e-Mail
h. The above-named organization(s) or its apents has theye) esubsection(s) (list subsections) 8(b)(3), are unfair practices affecting commerce within the meaning meaning of the Act and the Postal Reorganization Act.	of the National	onal Labor Rei	ations Act	and these unfair labor practices
Within the past six months, the National Union to bargain in good faith with the Chargring Parlabor union (CNA) that is making impermissible representation to employees by instructing em the risk of discipline up to and including termin	ty by improperly assigning its e unilateral changes to the sta ployees to refuse status quo	non-deligat atus quo and	ole barga d breachi	ining duties to another ing its duty of fair
Name of Employer     Kaiser Foundation Hospitals, Inc.		4a. Tel No		b Cell No
		c. Fax No.		d. e-Mail
<ol> <li>Location of plant involved (street, city, state and ZIP code, Kaiser Los Angeles Medical Center, 4867 Wes</li> </ol>		0027	Michael	over representative to contact I.R. Lindsay, Esq. of Deabody LLP
Type of establishment (factory, mine, wholesaler, etc.)     Medical Facility	8 Identify principal product Healthcare	or service	9. Numbe 20,000	er of workers employed +
10 Full name of party filing charge Kaiser Foundation Hospitals, Inc		11a Tei, No 510-271-6	674	b Cell No
		c Fax No. 510-267-2	128	d. e-Mail ronald.goldman@kp.org
11 Address of party filing charge (street, city, state and ZIP of One Kaiser Plaza, Oakland, CA 94612 Attn: I		_		
declare that I have read the above charge and that the statements therein a By Michael and Michael Aca Mic		1	No 3-629-600 No.	00
(signature of representative or person making charge) (Pi	rint/type name and title or office, if an			
Gas Company Tower		10.754	NO 5-293-27	86
555 West Fifth Street, 46th Floor		e-M		
Address Los Angeles CA 90013	(date) October 31, 20	14 mli	ndsay@r	nixonpeabody.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C. 3512

(NTFRNET FORM NLRB-508 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Cose Date Filed

CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS

31-CB-141486

11/24/14

INSTRUCTIONS File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1 LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a Name
National Union of Healthcare Workers

b Union Representative to contact

Florice Hoffman, Esq.

c Address (Street, city, state and ZIP code)

8502 E Chapman Ave, Suite 353

Orange, CA 92869-2461

d. Tel No
(714) 282-1179

f Fax No.

g. e-Mail froffman@socal.rr.com

h The above-named organization(s) or its agents has (have) engaged in and is (are)engaging in unfoir labor practices within the meaning of section 8(b), subsection(s) (list subsections) 8(b)(1)(A) and 8(b)(2) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the last six months, Charged Party has violated its obligations under its settlement agreement with the NLRB in which it agreed not to coerce employees into paying dues in the absence of a valid union security clause by suggesting or indicating to employees that dues payment was necessary to obtain eligibility to vote in a representation election.

Within the last six months, Charged Party has made misleading statements to employees and entered into a service agreement suggesting that it was ceding its representational obligations to another labor organization without an appropriate election proceeding.

3 Name of Employer Kaiser Foundation Hospitals		4a Tel, No (510) 271		b Cell No.
Trade I Foundation Tradpicals		ç. Fax No		d e-Mail
5. Location of plant involved (street, city, state and ZIP co. 4867 W Sunset Blvd. Los Angeles, CA 90027	d∈)			loyer representative to contact let Lindsay
7 Type of establishment (Isdery, mine wholesaler sto.) Medical Facility	8 Identify prin Healthcare	cipal product or service	9, Num Over	ber of workers employed 800
10 Full name of party filing charge (b) (6), (b) (7)(C)		11a Tel. N	el. No. b Cell No. (b) (6), (b) (7)(C)	
		c. Fax No		d. e-Maii
11 Address of party filing charge (street atv state and 2) (b) (6), (b) (7)(C)	P 0006 /			
(b) (6), (b) (7)(C)  ARATIC	ON on are true to the best of my know		l No	
Ey_ (Sg ====================================	(b) (6), (b) (7)(C) (Pdnt/type name and title o		(b) (6	6), (b) (7)(C)
			x No	
Address (b) (6), (b) (7)(C)		(date) 11/21/2014	Mail (b) (	6), (b) (7)(C)
WILL CIT SALES STATEMENTS ON THIS CHARGE CO	ALBE BUILDIES BY FILE	- AND IMPORTANTALE		TITLE OF CECTION ADDA.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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INTERNET FORM NURB-50B (Z-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RGE AGAINST LABOR ORGANIZATIO

Свэк 31-CB-141536

DO NOT WRITE IN THIS SPACE

41536

Dete Filed

11/24/14

FORM EXEMPT UNDER 44 U S C 3512

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

INSTRUCTIONS. File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1 LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a Name
National Union of Healthcare Workers

b. Union Representative to confact
Florice Hoffman, Esq.

c Address (Street, city, state, and ZIP code)
8502 E Chapman Ave, Suite 353
Orange, CA 92869-2461

d Tel. No.
(714) 282-1179
f Fax No.
(714) 282-7918

g e-Mail [hoffman@socal rr com]

Within the last six months, and during the critical period of an election proceeding. Charged Party purported to transfer and/or cede its 9(a) representational obligations to another labor organization under the guise of an alleged "disaffiliation vote" and invalid "service agreement", with the apparent objectives of providing the transferee entity with illegitimate authority, and misleading the electorate and aiding that entity in succeeding in the election by unfair and improper means

Name of Employer     Kaiser Foundation Hospitals		4a. Tel. No (510) 271-6674		b Cell No
Table 1 odi jacio 1 ospilalo	c	. Fax No.		d e-Mail
5 Localion of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027				Dyer representative to contact el Lindsay
7 Type of establishment (factory, mine wholeseler etc.)	Identify principal product or	service	9 Numb	per of workers employed
Medical Facility	Healthcare		Over 8	00
10 Full name of party fling charge (b) (6), (b) (7)(C)		11a Tel No		b Cell No (b) (6), (b) (7)(C)
	C	Fax No.		d e-Mail
1) Address of party filing charge (strest, city state and ZIP code (b) (6), (b) (7)(C)				
(b) (6), (b) (7)(C)  ARATION Ents therein are tr	ue to the best of my knowledge and belief.	Tel	No	
By (b) (6), (b) (7)(C)  (S) (PnnViype name and bile or office if any)				), (b) (7)(C)
		Fax	No	
Address (b) (6), (b) (7)(C)	(date) 11/21/20	e-M	(b) (	6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Scholation of the Information on this form is authorized by the National Labor Relations Act (NLRA) 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register. 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

h The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (first subsections): 8(b)(1)(A) and 8(b)(2) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

<sup>2.</sup> Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

William Town	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT W	RITE IN THIS SPACE
Case	Oate Filed
31-CB-141759	11/25/14

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1, LABOR ORGANIZATION OF	TO THE MODELLING PROPERTY OF		and the state of the	
a. Name		b. Union Repn	esenlativ	e to contact
National Union of Healthcare Workers		Florice Hof	fman, E	eq.
c. Address (Street, city, state, and ZIP code)		d Tel. No. (714) 282-1	1179	e. Cell No.
8502 E Chapman Ave, Suite 353 Orange, CA 92869-2461		f. Fax No. (714) 282-7	7.7	g. e-Meil fholfman@socal.rr.com
h. The above-named organization(s) or its agents has (have) eng- subsection(s) (list subsections) 8(b)(1)(A) and 8(b)(2) are unfair practices affecting commerce within the meaning of t meaning of the Act and the Postal Reorganization Act.	of the	e National Labor Rela	tions Act	, and these unfair labor practi
Within the last six months, Charged Party has violat which it agreed not to coerce employees into paying indicating to employees that dues payment was necleithin the last six months, Charged Party has made agreement suggesting that it was ceding its represe appropriate election proceeding.	g dues in the absence of cessary to obtain eligible or misleading statements	of a valid union se lity to vote in a re s to employees a	presen	clause by suggesting or tation election. ared into a service
3. Name of Employer Kaleer Foundation Hospitals		4a. Tel. No. (510) 271-6	3674	b. Cell No.
Name of Employer     Kalser Foundation Hospitals		4a. Tel. No. (510) 271-6 c. Fax No.	3674	b. Call No.
		(510) 271-6	6. Empl	
Kalser Foundation Hospitals  5 Location of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd.	8. Identify principal pr Healthcare	(510) 271-6 c. Fax No.	6. Empl Micha	d. e-Mail loyer representative to contace el Lindsay
Kalser Foundation Hospitals  5 Location of plant involved (street, city, state and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.)		(510) 271-6 c. Fax No.	6. Empl Micha 9. Num Over	d. e-Mail loyer representative to contace el Lindsay
Kalser Foundation Hospitals  5 Location of plant Involved (street, city, state and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Medical Facility  10. Full name of perty filing charge (b)(9)(0)(0)(0)(0)	Healthcare	(510) 271-6 c. Fex No.	6. Empl Micha 9. Num Over	d. a-Mail loyer representative to contac el Lindsay liber of workers amployed 800
Kalser Foundation Hospitals  5 Location of plant Involved (street, city, state and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Medical Facility  10. Full name of party filing charge	Healthcare	(510) 271-6 c. Fax No. roduct or service	6. Empl Micha 9. Num Over	d. a-Mail loyer representative to contactel Lindsay liber of workers amployed 800 b. Cell No.
S Location of plant Involved (street, city, state and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027 7. Type of establishment (factory, mine, wholesafer, etc.) Medical Facility 10. Full name of party filing charge (b)(6)(0)(1/10)  11. Address of party filing charge (street, city, state and ZIP cod (b) (6), (b) (7)(C)  12. DECLARATION risk therein are (b)(6)	Healthcare  do.)  true to the bast of my knowledge a	roduct or service  11a. Tel. No. (b) (6), (b) (c. Fax No.  Tel.  and belief.  Tel.  Cell	6. Empl Micha 9. Num Over 1	d. a-Mail loyer representative to contactel Lindsay liber of workers amployed 800 b. Cell No.
S Location of plant Involved (street, city, state and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027 7. Type of establishment (factory, mine, wholesafer, etc.) Medical Facility 10. Full name of party filing charge (b)(6)(0)(1/10)  11. Address of party filing charge (street, city, state and ZIP cod (b) (6), (b) (7)(C)  12. DECLARATION risk therein are (b)(6)	Healthcare  do.)  true to the bast of my knowledge a	roduct or service  11a. Tel. No. (b) (6), (b) (c. Fax No.  Tel.  and belief.  Tel.  Cell	8. Empl Micha 9. Num Over 1 7)(C)	d. e-Mail loyer representative to contactel Lindsay abor of workers employed B00 b. Cell No. d. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

PRIVACT ACT STATEMENT

Sociolation of the information on this form is surriorized by the National Lebor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to essist the National Lebor Relations Board (NLRB) in processing unfair latter practice and related processings or digestion. The notine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942–43 (Dec. 13, 2006). The NLRB will further explain those uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the Information will cause the NLRB to decline to invoke its processes.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

The same of the sa	LOVE ENCH I DUDEK OF DIST 30
DO NOT WE	UTE IN THIS SPACE
Case 31-CB-141831	Date Filed 11/25/14

NSTRUCTIONS: File an original with NLRB Regional Director fo				
- August	R ITS AGENTS AGAINST WHIC		_	
a. Name		b. Union Rep	_	
National Union of Healthcare Workers		Florice Ho		
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (714) 282-	1179	e. Cell No.
3502 E Chapman Ave, Suite 353 Orange, CA 92869-2461		1. Fax No. (714) 282-		g. e-Mail inoffman@socal.m.com
h. The above-named organization(s) or its agents has (have) and subsection(s) (its subsections) 8(b)(1)(A) and 8(b)(2) are unter practices effecting commence within the meaning of meaning of the Act and the Postal Reorganization Act.	of the Na	tional Labor Rel	ations Act	and these unfeir lebor preclice:
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the elleg	ged unfair labor p	ractices)	
and/or cede its 9(a) representational obligations to a vote" and invalid "service agreement", with the apparauthority, and misleading the electorate and alding	arent objectives of providir	ng the transfe	ree entit	y with illegitimate
Name of Employer     Kaiser Foundation Hospitals		4e. Tel. No. (510) 271- c. Fax No.	6674	b, Cell No.
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle and ZIP code) 4867 W Sunset Blvd.		(510) 271-	6. Empl	(2) X (2) (2)
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027		(510) 271- c. Fex No.	6. Empl Michae	d. e-Mail over representative to contact el Lindsay
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle and ZIP code) 4867 W Sunset Blvd.	8. Identify principal produ Healthcare	(510) 271- c. Fex No.	6. Empl Michae	d. e-Mail over representative to contact el Lindsay ber of workers employed
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle end ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholeseler, etc.)		(510) 271- c. Fex No.	8. Empl Michae 9. Num Over 6	d. e-Mail over representative to contact el Lindsay ber of workers employed
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholeseler, etc.) Medical Facility  10. Full name of party filing charge (0)(6), (0)(7)(6)	Healthcare	(510) 271- c. Fax No.	8. Empl Michae 9. Num Over 6	d. e-Mail over representative to contact el Lindsay ber of workers employed 800
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle end ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholeseler, etc.) Medical Facility  10. Full name of party filing charge	Healthcare	(510) 271- c. Fax No. ct or service	8. Empl Michae 9. Num Over 6	d. e-Mail over representative to contact el Lindsay ber of workers employed 800 b. Cell No.
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholeseler, etc.) Medical Facility  10. Full name of party filing charge (b)(6),(b)(7)(C)  11. Address of party filing charge (street, city, state and ZIP cod (b) (6), (b) (7)(C)  12. DECLARATION 13. declare that these most the research that the statements therein are (b) (6), (b) (7)(C)	Healthcare  de./  but to the best of my knowledge and b	(510) 271- c. Fax No. lct or service (b) (6), (b) c. Fax No.	6. Empl Michael 9. Num Over 6	d. e-Mail over representative to contact el Lindsay ber of workers employed 800 b. Cell No.
Kaiser Foundation Hospitals  5. Location of plant involved (street, city, stelle and ZIP code) 4867 W Sunset Blvd. Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholeseler, etc.) Medical Facility  10. Full name of party filing charge (b)(6),(b)(7)(C)  11. Address of party filing charge (street, city, state and ZIP cod (b) (6), (b) (7)(C)  12. DECLARATION 13. declare that these most the research that the statements therein are (b) (6), (b) (7)(C)	Healthcare	(510) 271- c. Fax No. lct or servica (b) (6), (b) c. Fax No.	6. Empl Michael 9. Num Over 6	d. e-Mail over representative to contact el Lindsay ber of workers employed 000 b. Cell No. d. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1881)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Board (NLRB) in processing unfair labor practice and milated proceedings or litigation. The mutine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB with unthan outplate these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRI	TE IN THIS SPACE
Case 31-CB-168320	Date Filed 01/21/2016

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name b.		. Union Representative to contact			
	Michael 7	orres			
	d. Tel. No. 818.241.0	0140	e. Cell No.		
	f. Fax No.		g. e-Mail		
	818.241.0	141			
of the Nat	ional Labor Re	lations Ac	t, and these unfair labor practices		
of the facts constituting the allege	ed unfair labor	practices)			
Charged Party, threatened	to withhold contractor, s	NUHW Sodexo.	support for a successor Inc. ("Sodexo") to agree		
			b. Cell No. 818.261.4962		
	c. Fax No.	000	d. e-Mail egross@ghplaw.com		
		1 2 2 2 2	oloyer representative to contact Shadur Gross		
Identify principal product Health care	t or service	9. Nun 1400	nber of workers employed		
	310.556.4		b. Cell No. 818.261.4962		
e.) , 11th Floor	c. Fax No.		d. e-Mail egross@ghplaw.com		
	Tel	No			
rue to the best of my knowledge and bel		310	.556.4660		
Type name and tille or office, if an	(y)	818	3.261.4962		
	Fax	No			
Angeles, (A TONG (date)_ [		Aail			
	of the Nathe Act, or these unfair labor practice of the facts constituting the alleger the terms of a successored in regressive bargaining in were set forth in Charger Charged Party, threatened was able to induce its substance.  8. Identify principal production. Health care	d. Tel. No. 818.241.0 f. Fax No. 818.241.0 gaged in and is (are) engaging in unfair labor practices are unfair labor er the terms of a successor contract we do in regressive bargaining by submitting the alleged unfair labor er the terms of a successor contract we do in regressive bargaining by submitting the alleged Party's principal product of subcontractor, so the subcontractor subcontractor subcontractor, so the subcontractor	d. Tel. No. 818.241.0140 f. Fax No. 818.241.0141  aged in and is (are)engaging in unfair labor practices with Of the National Labor Relations Ache Act, or these unfair labor practices are unfair practices of the facts constituting the alleged unfair labor practices) are the terms of a successor contract with Chared in regressive bargaining by submitting a pronumer set forth in Charged Party's prior proportion were set forth in Charged Party's prior proportion was able to induce its subcontractor, Sodexo, dexo.  4a. Tel. No. 310.556.4660 c. Fax No.  8. Identify principal product or service Health care  9. Nun 11a. Tel. No. 310.556.4660 c. Fax No.  2.) 11th Floor  Tel. No. 310. Cell No. 818 Fax No. e-Mail		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	DO NOT WRITE IN T	HIS SPACE
Case	10 - 20 - 50	Date Filed
	31-CB-254931	1/17/2020

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 LABOR ORGANIZATION OF	R ITS AGENT	S AGAINST WHICH CHAP	RGE IS BROU	JGHT	
a. Name National Union of Healthcare Workers			b. Union R Sal Rosse		live to contact dent
c. Address (Street, city, state, and ZIP code) Northern California Office			d. Tel. No 510-834-		e. Cell No.
5801 Christie Ave., Suite 525 Emeryville, CA 94608			f. Fax. No 510-873-		
			g. e-mail		
h. The above-named labor organization has engaged in and is e 8(b)(1), 8(b)(2) and 8(b)(3) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.		of the Nat	ional Labor R	elations A	ct, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement Within the past six months, Nation Union of Healthcare bargaining unit where the principal purpose and announviolation of the Act. The strike participants carried signs KAISERDONTDENY.ORG which contains information National Union of Healthcare Workers has also repeated the participants in those unprotected intermittent strikes.	Workers had ced reasons a s stating "Ka in about Kais dly engaged	s conducted illegal strik for the strikes were, at r iser Don't [sic] Deny," er Permanente patients	es against the most, permis which refernand and mental	ne Emplo sive subj red the vi health.	ects for bargaining in ewer to a website entitled
3. Name of Employer Southern California Permanente Medical Group		4a. Tel. No:	b. Cell No	),	c. Fax No.
		d. e-mail			
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>Multiple locations, including but not limited to Kaiser P Center, 4867 Sunset Blvd., Los Angeles, CA 90027</li> </ol>	'ermanente L	os Angeles Medical		R. Lindsa	ntative to contact sy, Esq. of Nixon
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility	8. Identifi Healtho	y principal product or servi	ice	9. Numi 100,00	per of workers employed 0+
10. Full name of party filing charge Southern California Permanente Medical Group					
11. Address of party filing charge (street, city, state and ZiP code) One Kaiser Plaza, Oakland, CA 94612, Attn: Robert Spagat		11a, Tel, No. 510-271-6674	b. Cell No	b. Cell No. c. Fax No.	
		d. e-mail robert.spagat@kp.o	rg		
I declare that I have fead the above cha are true to the best of my kno	arge and that t	he statements		Tel. No. 213-629-	6000
14.9	Micha	el R. Lindsay, Attorney		Cell No.	
(signature of representative or person making charge)	(Printtyp	e name and title or office, if an	10	Fax No. 213-629-	6001
Nixon Peabody LLP Address 300 S. Grand Ave., Suite 4100, Los Angeles, C	CA 90071	Date 01/17/2020		e-mail mlindsay	@nixonpeabody.com

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information may cause the NLRB to decline to invoke its processes.

#### AMENDED

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
31-CB-254931	1/24/2020		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OF	RITS AGENT	S AGAINST WHICH CHAI	RGE IS BROUGH	IT.		
a. Name National Union of Healthcare Workers				b. Union Representative to contact Sal Rosselli, President		
c. Address (Street, city, state, and ZIP code) Northern California Office			d. Tel. No. 510-834-200	)9	e. Cell No.	
5801 Christic Ave., Suite 525 Emeryville, CA 94608			f. Fax. No. 510-873-2019			
			g. e-mail			
h. The above-named labor organization has engaged in and is e 8(b)(1)(A), 8(b)(2) and 8(b)(3) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.		of the Nat	ional Labor Relat	ions Act, a	and these unfair labor	
Within the past six months, Nation Union of Healthcare bargaining unit where the principal purpose and announce violation of the Act. The strike participants carried signs KAISERDONTDENY.ORG which contains information National Union of Healthcare Workers has also repeated the participants in those unprotected intermittent strikes.	ed reasons f stating "Kai about Kaiso ly engaged i	or the strikes were, at r ser Don't [sic] Deny," er Permanente patients	nost, permissiv which referred and mental hea	e subject the view lth.	s for bargaining in er to a website entitle	
3. Name of Employer Southern California Permanente Medical Group		4a. Tel. No.	b. Cell No. c. Fax No.		c. Fax No.	
		d. e-mail				
5. Location of plant involved (street, city, state and ZIP code) Multiple locations, including but not limited to Kaiser Pe Center, 4867 Sunset Blvd., Los Angeles, CA 90027	ermanente L	os Angeles Medical		Lindsay,	tive to contact Esq. of Nixon	
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility	8. Identify Healthc	y principal produčt or servi are		Number 00,000+	of workers employed	
10. Full name of party filing charge Southern California Permanente Medical Group						
11. Address of party filing charge (street, city, state and ZIP code) One Kaiser Plaza, Oakland, CA 94612, Attn., Robert Spa	igat	11a. Tel. No. 510-271-6674	b, Cell No.		c. Fax No.	
		d. e-mail robert.spagat@kp.o	rg			
I declare that I have read the above cha	rge and that th	ne stalements		l. No. 3-629-60	00	
Man die trae to tree west oviny know		el R. Lindsay, Attorney	Cel	II No.		
(signature of representative or person making charge)	(Print/type	name and title or office, if an	7.00	Fax No. 213-629-6001		
Nixon Peabody LLP Address 300 S. Grand Ave., Suite 4100, Los Angeles, CA 90071 Date 01/24/2020				e-mail mlindsay@nixonpeabody.com		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request, Disclosure of this information to the NLRB is voluntary; however, fallure to supply the information may cause the NLRB to decline to invoke its processes.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	31-CB-254939	Date Filed 1/17/2020		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1, LABOR ORGANIZATION OR	ITS AGENTS	AGAINST WHICH CHAP	GE IS BROU	GHT		
a. Name National Union of Healthcare Workers				b. Union Representative to contact Sal Rosselli, President		
c. Address (Street, city, state, and ZIP code) Northern California Office			d. Tel. No. 510-834-2	009	e. Cell No.	
5801 Christie Ave., Suite 525 Emeryville, CA 94608			f. Fax. No. 510-873-2019			
			g. e-mail			
h. The above-named labor organization has engaged in and is en 8(b)(1), 8(b)(2) and 8(b)(3) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.		of the Nati	onal Labor Re	lations Act	and these unfair labor	
Within the past six months, Nation Union of Healthcare V Professionals bargaining unit where the principal purpose bargaining in violation of the Act. The strike participants website entitled KAISERDONTDENY.ORG which conta National Union of Healthcare Workers has also repeatedly the participants in those unprotected intermittent strikes.	and annour carried sign ains informa	nced reasons for the stri is stating "Kaiser Don't ition about Kaiser Perm	kes were, at [sic] Deny, nanente patie	most, per which re nts and m	missive subjects for ferred the viewer to a ental health.	
Name of Employer     Southern California Permanente Medical Group		4a, Tel. No.	b. Cell No. c. Fax No.		c. Fax No.	
		d, e-mail				
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>Multiple locations, including but not limited to Kaiser Per Center, 4867 Sunset Blvd., Los Angeles, CA 90027</li> </ol>	rmanente Lo	os Angeles Medical		Lindsay	ative to contact , Esq. of Nixon	
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility	8. Identify Healthca	r principal product or servi	de	9 Number of workers employed 100,000+		
10. Full name of party filing charge Southern California Permanente Medical Group	1					
11. Address of party filing charge (street, city, state and ZIP code) One Kaiser Plaza, Oakland, CA 94612, Attn: Robert Spas	gat	11a. Tel. No. 510-271-6674	b. Cell No.		c. Fax No.	
	2	d. e-mail robert.spagat@kp.or	rg		-1	
12. DECDARATION  I declare that I have read the above changare true to the best of my know	ON ge and that the	ne statements		Tel No. 13-629-6	000	
1160		el R. Lindsay, Attorney		Cell No		
(signature of representative or person making charge)	(Print/type	name and title or office, if any	Fáx No. 213-629-6001		001	
Nixon Peabody LLP Address 300 S. Grand Ave., Suite 4100, Los Angeles, CA 90071 Date 01/17/2020				e-mail mlindsay@nixonpeabody.com		

WILLFUL FALSE STATEMENTS ON THIS CHARGE OAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# 9) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD AMENDED CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
31-CB-254939	1/24/2020		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AG	A CANADA CALLA CAL			becaning.	
a. Name	GENTS AGAINST WHICH CHAI	b. Union Repr		to contact	
			al Rosselli, President		
c. Address (Street, city, state, and ZIP code) Northern California Office		d. Tel. No. 510-834-200	09	e. Cell No.	
5801 Christie Ave., Suite 525 Emeryville, CA 94608		f. Fax. No. 510-873-2019			
		g. e-mail			
h. The above-named labor organization has engaged in and is engaging 8(b)(1)(A), 8(b)(2) and 8(b)(3) practices are practices affecting commerce within the meaning of the the Act and the Postal Reorganization Act.	of the Nati	ional Labor Rela	tions Act, ar	nd these unfair labor	
Within the past six months, Nation Union of Healthcare Worker Professionals bargaining unit where the principal purpose and a bargaining in violation of the Act. The strike participants carried website entitled KAISERDONTDENY.ORG which contains in National Union of Healthcare Workers has also repeatedly engather the participants in those unprotected intermittent strikes.	nnounced reasons for the str d signs stating "Kaiser Don't formation about Kaiser Perm aged in unprotected intermitte	ikes were, at m [sic] Deny," v namente patient ent strikes, jeo	nost, permi which refer is and men	ssive subjects for red the viewer to a tal health. the employment of	
3. Name of Employer Southern California Permanente Medical Group	4a, Tel. No.	b. Cell No.		c. Fax No.	
	d. e-mail				
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>Multiple locations, including but not limited to Kaiser Permane Center, 4867 Sunset Blvd., Los Angeles, CA 90027</li> </ol>	nte Los Angeles Medical	6. Employer r Michael R. Peabody LI	Lindsay, E	ve to contact ssq, of Nixon	
	dentify principal product or servi		9. Number o 100,000+	f workers employed	
10. Full name of party filing charge Southern California Permanente Medical Group					
11. Address of party filing charge (street, city, state and ZIP code) One Kaiser Plaza, Oakland, CA 94612, Attn: Robert Spagat	11a. Tel. No. 510-271-6674	b. Cell No.		c. Fax No.	
a A	d. e-mail robert.spagat@kp.o.	rg			
I deviare that I have read the above charge and are true to the best of my knowledge a	that the statements		l. No. 3-629-600	0	
	and belief. Michael R. Lindsay, Attorney	Ce	ell No.		
	Int/Type name and title or office, if any	1 1 10	ix No. 3-629-600	1	
Nixon Peabody LLP Address 300 S. Grand Ave., Suite 4100, Los Angeles, CA 9007	71 Date 01/24/2020		e-mail mlindsay@nixonpeabody.com		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

	DO NOT	WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	31-CB-263519	7/23/2020
INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.		
LABÖR ORGANIZATION OR ITS AGENTS		
Name     National Union Of Healthcare Workers (NUHW)	b. Union Representative IAN WOLVERTON UNION REPRESE	
c. Address 225 W Broadway #400, Glendale, CA 91204	d. Tel. No. (818) 241-0140	e.e, Cell No. (508)667-7056
	f. Fax No.	g. e-Mail
Within the past 6 months, the above-named labo employees in the exercise of rights protected by grievance of (b) (6), (b) (7)(C) regarding term in bad faith.  Within the past 6 months, the above-named labo employees in the exercise of rights protected by	Section 7 of the Act be ination for arbitrary or organization has res	y refusing to process the discriminatory reasons or strained and coerced

3. Name of Employer Keck Medicine of USC		4a. Tel. No. (800) 872-2273	4b. Cell No. 323-442-8900	
		4c. Fax No.	4d. e-Maii	
<ol> <li>Location of Plant involved (street, city, state, and ZIP code)</li> <li>1500 San Pablo St, Los Angeles, CA 90033</li> </ol>		Employer representative to contact     Christen Straw		
Type of Establishment (factory, mine, wholesaler) Hospital	Type of Establishment (factory, mine, wholeseler) 8. Principal produc		Number of Workers employed     500	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11e, Tel No, (b) (6), (b) (7)(C)	11b. Cell No. (b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mall (b) (6), (b) (7)(C)	
<ol> <li>Address of party filing charge (street, city, state, and</li> <li>(b) (6), (b) (7)(C)</li> </ol>	ZIP code)			
charge si	12. DECLARA		st of my knowledge and belief.	
зу:	(b) (6), (l		Tel No. (b) (6), (b) (7)(C)	
sign	ge) Printippe n	ame and title or office, if any	Cell No. (b) (6), (b) (7)(C)	
Address:		Date:	Fax No.	
		7 23 20	e-Mail (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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1-2769626111

FORM NLRS-508 (3-21)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
	31-CB-284439	10/12/2021		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurring.

1. LABOR ORGANIZATION O	OR ITS AGENTS	AGAINST WHICH CHA	HGE IS BRO	UGHT	
Name     National Union of Healthcare Workers			The second secon	and the same of th	ve to contact sizing Coordinator
c. Address (Street, city, state, and ZIP code) 1250-45th Street			d. Tel. No (510) 83	No. e Cell No. (410) 926-04	
Suite 200 Emeryville, CA 94608			1 Fax. No. (510) 834-2019		
			g. e-mail reollins	nuhw.org	
h. The above-named labor organization has engaged in and is: 1 (a) and (3) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Na	tional Labor F	Relations Act	, and these unfair labor
See Attachment					
Name of Employer     San Fernando Valley Interventional Radiology and Imaging Center		4s. Tel. No. (615) \$19-7525	3.4	b. Cell No. c. Fax No. (615) 519-7525	
		d. o-mgil dearmody@carmox	dyandcarmo	dy.com	
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>16311 Ventura Boulevard</li> <li>Suite 120</li> <li>Encino. CA 91 436</li> </ol>				armody, F	tative to contact
7. Type of establishment (factory, mins, wholesaler, etc.) Radiologgy Imaging Center	8. identify Health C	principal product or serv	ios	9. Numbe 1.5	or of workers employed
10. Full name of party tiling charge Don T. Carmody					
11, Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No. (615) 519-7525	b. Cell No (615) 51		c Fax No.
134 Evergreen Lane, Glastonbury, CT 06033	d. e-mail dcarmody@carmod	d.e-mail dcarmody@carmodyandcarmody.com			
12. DECLARAT I declare that I have read the above the are troe to the best of my kno	arge and that the			Tel. No. (615) 519-	7525
	Don T. C	armody, Esq., Couns		Cell No. (615) 519-	7525
(signature of representative or series making charge)	(Printtype)	name and title or office, if an	99	Fax No	
134 Evergreen Lane, Glastonbury, CT 06033		Date October 12, 2021		e-mail dearmody@carmodyandcarmody	

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or lifigation. The routine uses for the information are fully set form in the Foderal Register, 71 Fad. Reg. 74642-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, fellure to supply the information may cause the NLRB so decline to invoke its processes.

#### SAN FERNANDO VALLEY INTERVENTIONAL RADIOLOGY AND IMAGING CENTER

### ATTACHMENT TO UNFAIR LABOR PRACTICE CHARGE AGAINST NATIONAL UNION OF HEALTHCARE WORKERS

#### OCTOBER 12, 2021

#### BASIS OF THE CHARGE:

Since on or about June 24, 2021, the above-named labor organization, by its officers, agents and representatives, has failed and refused to bargain in good faith with San Fernando Valley Interventional Radiology and Imaging Center ("S.F.I.") in violation of § 8 (b) (3) of the National Labor Relations Act, as amended (the "Act"), by conditioning collective-bargaining negotiations with S.F.I. upon S.F.I.'s agreement to include an individual of a specific religious denomination as a representative of such labor organization in such collective-bargaining negotiations and refusing to bargain with S.F.I. about such condition.

Since on or about June 24, 2021, the above-named labor organization, by its officers, agents and representatives, in violation of § 8 (b) (1) (a) of the Act, has restrained and coerced employees of S.F.I. in the exercise of the employees' rights under § 7 of the Act by conditioning collective-bargaining negotiations with S.F.I. upon S.F.I.'s agreement to include an individual of a specific religious denomination as a representative of such employees in such collective-bargaining negotiations.

The above-named labor organization, by the above and other acts and conduct, has violated and continues to violate §§ 8 (b) (1) (a) and (3) of the Act.

S.F.I. requests that the General Counsel seek relief pursuant to § 10 (j) of the Act enjoining the above-named labor organization from continuing to engage in the above-described unlawful conduct.

#### CHARGING PARTY:

San Fernando Valley Interventional Radiology and Imaging Center

Carmody & Carmody, L.L.P.
By; Don T. Carmody, Esq.
134 Evergreen Lane
Glastonbury, CT 06033
(615) 519-7525
dcarmody@carmodyandcarmody.com

PORM NLRB-539 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case		Date Flied		
	31-CB-284445	10/12/2021		

The received with NI RR Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1, LABOR ORGANIZATION OR	ITS AGENTS	AGAINST WHICH CHAR	DE IS BRODE	2011	to content	
Name ational Union of Healthcare Workers			b. Union Roy	<ul> <li>b. Union Representative to contact</li> <li>Ron Collins, Organizing Coordinator</li> </ul>		
Address (Stront, city, state, and ZIP code)			d. Tol. No. (510) 834			
50 45th Street site 200 meryville, CA 94608		t. Pax. No. (510) 834-2019				
			g. e-mail rcollins@nuhw.org			
The above named labor organization has engaged in and is or 1 (a) and (3) practices are practices affecting commerce within the meaning meaning of the Act and the Postal Reorganization Act.  Basis of the Charge (set form a clear and concise statement)	g of the Act, or t	of the Nam those unfair labor practice	es are practice	is affecting o	General St. persons are named as an ac-	
3. Name of Employer San Fernando Valley Advanced Imaging Center		4s. Tel. No	b. Cell No. (615) 519-7525		o. Fax No	
		(615) 519-7525 (615) 519-7525 d. e-mail dcarmody@carmodyandcarmoxly.com				
5. Location of plant involved (street, city, state and ZIP code) 14860 Roscoe Boulevard Suite 101			6. Employs		ative to contact isq.	
Panorama City, CA 91402						
7. Type of establishment (Sectory, mine, wholesaler, etc.)	8. Identify	y principal product or serv Carc	ice	9. Number 5	er of workers employed	
7. Type of establishment (factory, mine, wholesalor, atc.) Radiology (maging Conscr 10. Full name of party filing charge			ice	The state of the s		
7. Type of establishment (factory, mine, wholesaler, etc.) Radiology (maging Conter 10. Full name of party filing charge Then T. Carmody			b. Cell No (615) 51	5	c. Fax No.	
7. Type of establishment (factory, mine, wholesaler, etc.) Radiology (maging Conter 10. Full name of party filing charge Then T. Carmody		Inc 11a Tel. No.	b. Cell No (615) 51	5 9.7525		
7. Type of establishment (factory, mine, wholesaler, etc.) Radiology (maging Conser 10. Full name of party filing charge Don T. Carmody 11. Address of party tung charge (street, old, state and ZIP code) 134 Evergreez Lane, Glastonbury, CT 06033	TION sarge and that t	thre 11a. Tel. No. (615) 519-7525 d. e-mail dearmody@carmo	b. Cell No (615) 51	5 9.7525	c. Fax No.	
7. Type of establishment (Sectory, mine, wholesaler, etc.) Radiology (maging Conser 10. Full name of party filing charge Don T. Carmody 11. Address of party tung charge (street, 6%; state and 2P code) 134 Evergreez Lane, Glastonbury, CT 06033	TION sargo and that to owledge and be	thre 11a. Tel. No. (615) 519-7525 d. e-mail dearmody@carmo	b. Cell No (615) 51 dyandcarmo	5 9.7525 dy.com Tel. No	c. Fax No.	
7. Type of establishment (factory, mine, wholesaler, etc.) Radiology (maging Conset 10. Full name of party filing charge Don T. Carmody 11. Address of party tung charge (wheel, old, state and ZIP code) 134 Evergreez Lane, Glastonbury, CT 06033	TION serge and that to owledge and be Don T.	11a. Tel. No. (615) 519-7525 d. e-mail dearmody@carmo	b. Cell No (615) 51 dyandcarmo	5 9.7525 dy.com Tel. No (615) 519 Cell No.	c. Fax No.	

WILLPUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to seek the National Labor Relations Housed (NLRB) in processing untar labor practice and related proceedings or Edgetion. The number uses for the information are fully set forth in the Redoral Hagister, 71 Fed. Reg. 74542 43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

### SAN FERNANDO VALLEY ADVANCED IMAGING CENTER

### ATTACHMENT TO UNFAIR LABOR PRACTICE CHARGE AGAINST NATIONAL UNION OF HEALTHCARE WORKERS

#### OCTOBER 12, 2021

#### BASIS OF THE CHARGE:

Since on or about June 24, 2021, the above-named labor organization, by its officers, agents and representatives, has failed and refused to bargain in good faith with San Fernando Valley Advanced Imaging Center ("S.F.P.") in violation of § 8 (b) (3) of the National Labor Relations Act, as amended (the "Act"), by conditioning collective-bargaining negotiations with S.F.P. upon S.F.P.'s agreement to include an individual of a specific religious denomination as a representative of such labor organization in such collective-bargaining negotiations and refusing to bargain with S.F.P. about such condition.

Since on or about June 24, 2021, the above-named labor organization, by its officers, agents and representatives, in violation of § 8 (b) (1) (a) of the Act, has restrained and coerced employees of S.F.P. in the exercise of the employees' rights under § 7 of the Act by conditioning collective-bargaining negotiations with S.F.P. upon S.F.P.'s agreement to include an individual of a specific religious denomination as a representative of such employees in such collective-bargaining negotiations.

The above-named labor organization, by the above and other acts and conduct, has violated and continues to violate §§ 8 (b) (1) (a) and (3) of the Act.

S.F.P. requests that the General Counsel seek relief pursuant to § 10 (j) of the Act enjoining the above-named labor organization from continuing to engage in the above-described unlawful conduct.

#### CHARGING PARTY:

San Fernando Valley Advanced Imaging Center

Carmody & Carmody, L.L.P.

By: Don T. Carmody, Esq.

134 Evergreen Lane
Glastonbury, CT 06033

(615) 519-7525
carmody@carmodyandcarmody.com

FORM NLRB-508 (3-21) FORM EXEMPT UNDER 44 U.S.C 3512

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
31-CB-294259	4/18/2022			

INSTRUCTIONS; File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR	TS AGENTS AGAINST WHICH CHA	RGE IS BROUGHT
a. Name National Union of Hillihiave V	vorters (NUHW)	b. Union Representative to contact Haley Showell
c. Address (Street, city, state, and ZIP code) NUTW Southern CA Office		d. Tel. No. 818-241-0140 e. Cell No.
225 West broadway, Ste. 400 Glendale, CA 91204	1. Fax. No. 818-241-0141	
bichade, on 41204	h showell @ huhw org	
h. The above-named labor organization has engaged in and is eng $(1)(A)$ practices are practices affecting commerce within the meaning meaning of the Act and the Postal Reorganization Act.	of the Na	tional Labor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of Speking punchsh ment for an en Member in good-standing - I ha	uployee must is a ve been removed	dues - paying union from several transcof
union communication (Phone call information by my union isigned believe mis is retaliation.	s, town hall invitati d'an open decertifi	constand possibly email
3. Name of Employer	4a. Tel. No. 218.315.2911	b. Cell No. c. Fax No. 818 - 375 - 38 5 2
Kaiser Permanente-Panoram City medical center	d. e-mail	- 1016 3.3 2(1.   016 713 36)2
5. Location of plant involved (street, city, state and ZIP code) 13652 Cantara St, Bldg 6 Mea 28 Panorama CIty, CA 91402	1	6. Employer representative to contact
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product or serv	
10. Full (6) (6) (7)(6)	healthcare	many
11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	b. Cell No. (b) (6), (b) (7)(C)
12. DECLARATIO	d (b) (6), (b) (7)(	
I declare that I have read the above charg	e and that the statements	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(6), (b) (7)(C)	(b) (6), (b) (7)(C)
(signature of representative or person making charge)	(Print/type name and little or office, if an	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) Address	Date 4/10/000	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.S.C 3512

FORM NLRB-508 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR IT'S AGENTS

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
	31-CB-294356	04/19/2022		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1, LABOR ORGANIZATIO	ON OR ITS AGENTS	AGAINST WHICH CHAR	GE IS BROUGHT	W 10	
a, Nama			b. Union Represen		
Notional Union of Healthcore	- Workers	(MHW)	Edan	Chancas	
c. Address (Street, city, state, and ZIP code) Scol office		The state of the s	d. Tel. No.	6. Cell No. 600 - 360 -0726	
225 W. Broodway			f. Fax. No.		
Suite 400			g. e-mall		
Glendale, CA 91204			edhanra	i@members.nah	
h. The above-named labor organization has engaged in an ( ( ( A))  practices are practices affecting commerce within the m meaning of the Act and the Postal Reorganization Act.		of the Natio	nal Labor Relations	Act, and these unfair labor	
2. Basis of the Charge (set forth a clear and conclose state) Within the lost 6 months, the obothy of fair representation excluding them from Union discriminatory, or in bad the act.	above named on eti ot onummos	d labor organi Mbers by a ation for re	noitest to envolument the eneca	ner things, at arbitrary	
3. Name of Employer Waiser Permanente		4a, Tel. No. 900-724-5000	b. Cell No.	c. Fax No.	
naiser termoneme		d. e-mail			
5. Location of plant involved (street, city, state and ZIP cook	(e)			sentative to contact	
Ortorio CA 97761					
7. Type of establishment (factory, mine, wholeseler, etc.)	8. Identify p	rincipal product or service	9. Nui	mber of workers employed	
10. (b) (6), (b) (7)(C)				O TIME ROSE THE FEBRUARY STREET	
(b) (6), (b) (7)(C)		11a. Tel. No.	(b) (6), (b) (7	)(C) c. Fax No.	
		(b) (6), (b) (7)(C)	-		
12. DECLA I declare that I have read the abov	e charge and that the	statements	181.140.		
(b) (6), (b) (7)(C)	<sup>kii</sup> (b) (6), (b) (7)(	Ć)	G(P) (6	3), (b) (7)(C)	
(signature of representative or person making charge)	(Роподура па	une and tide of omce, if any)	Fax No.		
Address (b) (6), (b) (7)(C)		Date Gula	22 a-mail		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-508 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case		Date F ed			
	31-CB-294383	04/19/2022			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

INTO TROOTIONS. The air original with NETAD Regional Director for t	inc region in w	mon the alleged diliali la	boi practice c	Jocuired of 13	occurring.		
1. LABOR ORGANIZATION OR I	TS AGENTS A	AGAINST WHICH CHAR	GE IS BROU	GHT			
a. Name National Union of Healthcare Workers (NUHW)				b. Un on Representat ve to contact Edan Dhanraj			
c. Address (Street, city, state, and ZIP code) Southern California Office 225 West Broadway, Suite 400 Glendale, CA 91204			d. Te . No. (818) 241 f. Fax. No. (818) 241	-0140	e. Ce No. (610) 360-0726		
			g. e-ma edhanraj@	@nuhw.org			
h. The above-named labor organization has engaged in and is eng $(1)(A)$ practices are practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.		of the Natio	onal Labor Re	elations Act, a	and these unfair labor		
2. Bas s of the Charge (set forth a clear and concise statement of t Within the last 6 months, the above named labor organizat things, excluding them from union communications for rea (B)(1)(A) of the act.	ion has viola	ated its duty of fair rep	resentation	to its memb			
3. Name of Emp oyer		4a. Te . No.	b. Ce No.		c. Fax No.		
Kaiser Permanente		877-457-4772 d. e-ma			877-477-2329		
5. Locat on of p ant nvo ved (street, city, state and ZIP code) Redlands MOB 1301 California St, STE 301 Redlands, CA 92374			6. Emp oye Human R	er representat esources	ve to contact		
7. Type of estab shment (factory, mine, wholesaler, etc.) Hospital/Medical Office	8. Ident fy p Healthcare	rncpa product or serv c	e	9. Number of	of workers emp oyed		
10. Fu name of party f ng charge (b) (6), (b) (7)(C)	1						
11 Address of party filing charge (street, city, state and ZIP code)		11a. Te . No.	b. Ce No. (b) (6), (b) (		c. Fax No.		
(b) (6), (b) (7)(C)		d. e-ma (b) (6), (b) (7)(C	)				
12. DECLARATION re that I have read the above charge are true to the best of my knowle	e and that the			Te . No.			
_	(	b) (6), (b) (7)(C)		Ce No. b) (6), (b) (7)(0	C)		
r person making charge)	(⊬ппитуре па	nme and title or office if any)		Fax No.			
(b) (6), (b) (7)(C)		Date		e-ma (b) (6), (b)	) (7)(C)		

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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FORM NLRB-508 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	31-CB-296015	Date Filed 05/12/2022		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION O	R ITS AGEN	ITS AGAINST WHICH CH	ARGE IS BROUGHT			
				. Union Representative to contact con Collins, Organizing Coordinator		
c. Address (Street, city, state, and ZIP code) 1250 45th Street			d. Tel. No. (510) 834-2009	e. Cell No. (410) 926-0444		
Suite 200 Emeryville, CA 94608			f. Fax. No. (510) 834-2019			
			g. e-mail rcollins@nuhw.o			
h. The above-named labor organization has engaged in and is (3) practices are practices affecting commerce within the meaning meaning of the Act and the Postal Reorganization Act.		of the N	ational Labor Relations	Act, and these unfair labo		
See Attachment						
3. Name of Employer		4a. Tel. No. (615) 519-7525	b. Cell No. (615) 519-7525	c. Fax No.		
San Fernando Valley Advanced Imaging Center		d. e-mail Don@DonCarmodyEsq.com				
5. Location of plant involved (street, city, state and ZIP code) 14860 Roscoe Boulevard, Suite 100 Panorama City, CA 91402			Employer representative to contact     Don T Carmody, Esq.     Attorney			
7 Type of establishment (lactory, mine, wholesaler, etc.) Radiology Imaging Center	8. Ident Health	tify principal product or ser Care	vice 9. Num	nber of workers employed		
10. Full name of party filing charge Don T. Carmody, Esq.						
11. Address of party filing charge (street, city, state and ZIP code) 50 Causeway Street, Suite 2004, Boston, MA 02114		11a. Tel. No. (615) 519-7525	b. Cell No. (615) 519-7525	c. Fax No.		
	d. e-mail Don@DonCarmody	d. e-mail Don@DonCarmodyEsq.com				
12. DECLARAT I declare that I have read the above cha are true to the best of my kno	arge and that wledge and b	pelief.	Tel. No. (615) 519 Cell No.	0-7525		
(signature of representative of person making charge)		on T. Carmody, Esq.	(615) 519	9-7525		
50 Causeway Street, Suite 2004, Boston, MA 02114 May 11, 2022  Address Date			e-mail	onCarmodyEsq.com		

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### SAN FERNANDO VALLEY ADVANCED IMAGING CENTER AND NATIONAL UNION OF HEALTHCARE WORKERS

#### ATTACHMENT TO UNFAIR LABOR PRACTICE CHARGE AGAINST NATIONAL UNION OF HEALTHCARE WORKERS

MAY 11, 2022

naria

#### BASIS OF CHARGE:

The above-named labor organization, a representative of employees of San Fernando Valley Advanced Imaging Center ("S.F.P.") pursuant to § 9 (c) of the Act, by its officers, agents and representatives, has failed and refused to bargain in good faith, and is continuing to fail and refuse to bargain in good faith, by failing to fulfill its obligations under § 8 (d) of the Act in collective-bargaining negotiations with S.F.P. by engaging in conduct (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) on (b) (6), (b) (7)(C)

by surreptitiously recording the above-described collective bargaining negotiations without the knowledge and/or the agreement of S.F.P., and maintaining such surreptitious recordings and utilizing such surreptitious recordings in ongoing negotiations with S.F.P. and in connection with the filing and prosecution of unfair labor practice charges against S.F.P. (b) (6), (b) (7)(C)

The above-named labor organization, by the above and by other acts and conduct, has violated and continues to violate § 8 (b) (3) of the Act.

S.F.P. respectfully requests that the General Counsel pursue interim relief pursuant to § 10 (j) of the Act, including in conjunction with the Section 10 (j) proceedings initiated in the U.S. District Court for the Central District of California in Case No. 2:22-cv-2694.

#### CHARGING PARTY:

San Fernando Valley Advanced Imaging Center

Don T. Carmody, P.C.

50 Causeway Street, Suite 2004 Boston, MA 02114

(615) 519-7525

Don@DonCarmodyEsq.com

FORM NLRB-508 (3-21)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case	31-CB-296034	Date Filed 05/12/2022			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR	ITS AGENTS	S AGAINST WHICH CH	ARGE IS BRO	UGHT		
				ion Representative to contact Collins, Organizing Coordinator		
c. Address (Street, city, state, and ZIP code) 1250 45th Street				d. Tel. No. e. Cell N (510) 834-2009 (410) 92		
Suite 200 Emeryville, CA 94608			f. Fax. No. (510) 834-2019			
7			g. e-mail	ail s@nuħw.org		
h. The above-named labor organization has engaged in and is eng (3) practices are practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.		of the N	ational Labor F	Relations Ad	t, and these unfair labor	
Basis of the Charge (set forth a clear and concise statement of See Attachment						
Name of Employer     San Fernando Valley Interventional Radiology and Imagin	o Center	4a. Tel. No. (203) 249-9287	b. Cell No. (203) 249		c. Fax No.	
San remaide valley interventional Radiology and imagin	g Center	d. e-mail bcarmody@CarmodyKaseta.com				
5. Location of plant involved (street, city, state and ZIP code) 16311 Ventura Boulevard, Suite 120 Encino, CA 91436			Bryan T	Employer representative to contact     Bryan T Carmody, Esq.     Attorney		
7. Type of establishment (factory, mine, wholesaler, etc.) Radiology Imaging Center	8. Identify Health C	principal product or ser are	vice	9. Numb	er of workers employed	
10. Full name of party filing charge Bryan T. Carmody, Esq.						
11. Address of party filing charge (street, city, state and ZIP code) 134 Evergreen Lane, Glastonbury, CT 06033		11a. Tel. No. (203) 249-9287	b. Cell No (203) 249		c. Fax No.	
	d. e-mail bcarmody@CarmodyKaseta.com					
12. DECLARATION I declare that I have read the above charge	e and that the	e statements		Tel. No. (203) 249-9	9287	
are true to the best of my knowledge and belief.  Bryan T. Carmody, Esq.				Cell No. (203) 249-9287		
(signature of representative opperson making charge)	(Print/type	name and litle or office, if a	ny)	Fax No.		
134 Evergreen Lane, Glastonbury, CT 06033 May 11, 2022  Address Date				e-mail bcarmody@CarmodyKaseta.com		

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# SAN FERNANDO VALLEY INTERVENTIONAL RADIOLOGY AND IMAGING CENTER AND NATIONAL UNION OF HEALTHCARE WORKERS

### ATTACHMENT TO UNFAIR LABOR PRACTICE CHARGE AGAINST NATIONAL UNION OF HEALTHCARE WORKERS

MAY 11, 2022

#### BASIS OF CHARGE:

The above-named labor organization, by the above and by other acts and conduct, has violated and continues to violate § 8 (b) (3) of the Act.

S.F.I. respectfully requests that the General Counsel pursue interim relief pursuant to § 10 (j) of the Act, including in conjunction with the Section 10 (j) proceedings initiated in the U.S. District Court for the Central District of California in Case No. 2:22-cv-2694.

#### CHARGING PARTY:

San Fernando Valley Interventional Radiology and Imaging Center

Carmody & Kaseta, P.L.L.C. By: Bryan T. Carmody, Esq.

134 Evergreen Lane Glastonbury, CT 06033

(203) 249-9287

bcarmody@CarmodyKaseta.com

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U S C 351		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
31-CC-141628	11-25-14		

ww Forms Workflow com

OR ITS AGENTS INSTRUCTIONS File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring 1 LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b Union Representative to contact Ralph Cornejo National Union of Healthcare Workers c Address (Street, city, state, and ZIP code) e Cell No d Tel No 5801 Christie Avenue 510-834-2009 Emeryville, CA 94608 f Fax No g e-Mail 510-834-2019 h The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) 8(b)(4)(1)(c), 8(b)(4)(1)(c)of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The National Union of Healthcare Workers ("NUHW") has violated 8(b)(4)(i)(c) of the Act by allowing the California Nurses' Association ("CNA") to act outside its duties as its agent by instructing employees to refuse work assignments/perform services requested by the employer (inlouing an instruction to take meal/rest breaks) and follow a complaint procedure that is not a part of the status quo at the worksite. NUHW has violated 8(b)(4)(ii)(c) of the Act by allowing CNA to act outside the scope of its duties as its agent by instructing nurses to engage in informational picketing and other activities without any knowledge of such activities on the part of the authorized representative, NUHW. NUHW is engaged in this conduct with the object of allowing CNA to act as the certified representative of employees although CNA has not been certified as the section 9(a) representative. 4a. Tel No. b Cell No. Name of Employer Kaiser Foundation Hospitals, Inc. c. Fax No d e-Mail 6 Employer representative to contact Location of plant involved (street, city, state and ZIP code) Kaiser Los Angeles Medical Center, 4867 West Sunset Blvd, Los Angeles 90027 Michael R. Lindsay, Esq. of Nixon Peabody LLP 8. Identify principal product or service 9. Number of workers employed Type of establishment (factory, mine, wholesaler, etc.) 20.000+ Medical Facility Healthcare 11a Tel No b Cell No 10 Full name of party filing charge 510-271-6674 Kaiser Foundation Hospitals, Inc. c. Fax No. d e-Mail 510-267-2128 ronald.goldman@kp.org 11 Address of party filing charge (street, city, state and ZIP code) One Kaiser Plaza, Oakland, CA 94612 Attn: Ronald Goldman 12. DECLARATION Tel No declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief 213-629-6000 Michael R. Lindsay, Attorney By Michael R. Undsay Cell No. (signature of representative or person making charge) (Print/type name and title or office, if any) Nixon Peabody LLP Fax No Gas Company Tower 866-293-2786 555 West Fifth Street, 46th Floor e-Mail mlindsay@nixonpeabody.com Address Los Angeles, CA 90013 (date) October 31, 2014

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-508 (6-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	DO NOT WRITE IN THIS SPACE		
Case	00	Date Filed	Ī
	31-CG-225337	08/08/2018	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OF	R ITS AGENTS	AGAINST WHICH CHA	RGE IS BE	ROUGHT		
a. Name National Union of Healthcare Workers (NUHW)				b. Union Representative to contact Antonio Orea, Union Organizer		
c. Address (Street, city, state, and ZIP code) 5801 Christie Ave., Suite 525			d. Tel.	No.	e. Cell No. 714-262-6293	
Emeryville, CA 94608			f. Fax.	. No.		
			g. e-ma aorea@	ail Onuhw.org		
h. The above-named labor organization has engaged in and is engaged in an and is engaged in an an analysis of engaged in an an analysis of engaged in an an analysis of engaged in an an analysis of engaged in an an a	10(j)	of the Na	tional Labo	r Relations A	subsections and Act, and these unfair labor within the meaning of	
2. Basis of the Charge (set forth a clear and concise statement of	f the facts cons	stituting the alleged unfa	ir labor prac	tices)	-	
the Hospital on August 16, 2018 starting at 6 a.m. The U (g) of the Act.  The Employer further seeks immediate injunctive relief u  3. Name of Employer	ınder 10(j) of	the Act.	b. Cell		c. Fax No.	
Providence Health System Southern California d/b/a Prov Tarzana Medical Center (Contact: Beverly Murray, HR E		818-881-0800				
		d. e-mail beverly.murray@providence.org				
<ol> <li>Location of plant involved (street, city, state and ZIP code)</li> <li>18321 Clark St, Tarzana, CA 91356</li> </ol>			6. Employer representative to contact Katherine A. Roberts (employer's counsel) 213-896-6039 kate.roberts@sidley.com			
7. Type of establishment (factory, mine, wholesaler, etc.) Acute-care hospital	8. Identify   Healthcar	principal product or service	9. Number of workers employed Approximately 1,500			
10. Full name of party filing charge Katherine A. Roberts, counsel for Providence Health Syst	tem Southern	California				
11 Address of party filing charge (street, city, state and ZIP code) Sidley Austin, LLP, 555 W. 5th St., 40th Fl. Los Angeles	s, CA 90013	11a, Tel. No. 213-896-6039		b. Cell No. 213-924-1164 c. Fax No. 213-896-6		
		d. e-mail kate.roberts@sidley	com.		3	
12. DECLARATION  I declare that I have read the above charge are true to the best of my known	ge and that the			Tel. No. 213-896-	6039	
Katherine A. Roberts, counsel for employ			nployer	loyer Cell No. 213-924-1164		
(signature of representative or person making charge)	(signature of representative or person making charge) (Print/type name and title or office, if any)			Fax No. 213-896-6600		
Sidley Austin LLP  Address 555 W. 5th St., 40th Fl. Los Angeles, CA 900313  Date August 8, 2018				e-mail kate.robe	erts@sidley.com	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

OR ITS AGENTS

INSTRUCTIONS: File an original with NLDB Regional Director for the region in which the alleged unfair labor practice occurred or is occurred.

	RITS AGENTS AGAINST WHICH	CHARGE IS	BROUGH	T	
a. Fiditio		b. Union Rep	n Representative to contact osselli, President		
c. Address (Street, city, state, and ZIP code) Southern California Office		d. Tel. No. 818-241-0	140	e. Cell No.	
225 West Broadway, Suite 400		f. Fax No.		g. e-Mail	
Glendale, CA 91204		818-241-0	141		
h. The above-named organization(s) or its agents has (have) engagues subsection(s) (list subsections) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act	, and these unfair labor practices	
3. Name of Employer	-	4a. Tel. No.		b. Cell No.	
Name of Employer     Southern California Permanente Medical Group		4a. Tel. No.		b. Cell No.  do en Mail robent Spagal@kp.org, cheryl.l.kopitzke@kp.org	
3. Name of Employer Southern California Permanente Medical Group  5. Location of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027				d be-Mail robert.spagat@kp.org,	
Southern California Permanente Medical Group	Identify principal product Healthcare	c. Fax No.	Nixon	d. e-Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org lover representative to contact el R. Lindsay, Esq. of Peabody LLP ber of workers employed	
5. Location of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027 7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility		c. Fax No.	9. Num 100,00	d. e-Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org lover representative to contact el R. Lindsay, Esq. of Peabody LLP ber of workers employed	
5. Location of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027 7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility		c. Fax No.	9. Num 100,00	d e-Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org lover representative to contact el R. Lindsay, Esq. of Peabody LLP ber of workers employed	
5. Localion of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility  10. Full name of party filing charge Southern California Permanente Medical Group	Healthcare	c. Fax No. or service	9. Num 100,00	d. e-Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org lover representative to contact el R. Lindsay, Esq. of Peabody LLP ber of workers employed 00+ b. Cell No.	
5. Location of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027 7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility	Healthcare	c. Fax No. or service	9. Num 100,00	d. e-Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org lover representative to contact el R. Lindsay, Esq. of Peabody LLP ber of workers employed 00+ b. Cell No. d. e-Mail	
5. Localion of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility  10. Full name of party filing charge Southern California Permanente Medical Group  11. Address of party filing charge (street, city, state and ZIP code) 393 East Walnut Street Pasadena, CA 91188	Healthcare	c. Fax No. or service 11a. Tel. No. c. Fax No.	9. Num 100,00	doe-Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org lover representative to contact el R. Lindsay, Esq. of Peabody LLP ber of workers employed 00+ b. Cell No. d. e-Mail robert.spagat@kp.org cheryl.l.kopitzke@kp.org	
5. Location of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility  10. Full name of party filing charge Southern California Permanente Medical Group  11. Address of party filing charge (street, city, state and ZIP code 393 East Walnut Street Pasadena, CA 91188  12. DECLARATION Ideolare that I have read the above charge and that the statements therein are to the control of	Healthcare  5.)  Tue to the best of my knowledge and believed in the best of my knowledge in the best of my knowledg	c. Fax No.  or service  11a. Tel. No.  c. Fax No.	9. Num 100,00	doe:Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org	
5. Location of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027  7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility  10. Full name of party filing charge Southern California Permanente Medical Group  11. Address of party filing charge (street, city, state and ZIP code 393 East Walnut Street Pasadena, CA 91188  12. DECLARATION Ideolare that I have read the above charge and that the statements therein are to the control of	Healthcare	c. Fax No.  or service  11a. Tel. No.  c. Fax No.	Nixon  9. Num 100,00	doe-Mail robert.spagat@kp.org, cheryl.l.kopitzke@kp.org lover representative to contact el R. Lindsay, Esq. of Peabody LLP ber of workers employed 00+ b. Cell No. d. e-Mail robert.spagat@kp.org cheryl.l.kopitzke@kp.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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#### ATTACHMENT A

#### Response to Number 2: Basis of Charge

Within the past six-month period the above named labor organization has refused to provide the Charging Party with timely notice of picketing activities pursuant to 8(g) of the Act. Specifically, the labor organization provided the Charging Party with a Notice of Intent to Informational Picket ("Notice") on October 3, 2019. The Notice stated that informational picketing will take place on "Sunday, October 13, 2019, 2pm and shall continue unless and until a mutually agreeable resolution has been reached."

On October 13, 2019, the labor organization merely set up two banners on a portable chain-link fence and set up a table from which individuals could pick up leaflets. The labor organization did not picket for at least 20 hours between October 13 and 14, 2019. The labor organization instead maintained two banners on the fence during this time. Such activity is not picketing, and accordingly does not meeting the Notice requirements of continuous picketing. See Overstreet v. United Bhd. of Carpenters, Local No. 1506, 409 F.3d 1199, 1213-15 (9th Cir. 2005) (concluding, in preliminary injunction case, banner protest was not picketing where it did not include ambulatory picketing, signal picketing, or interference with or likelihood of confrontation with customers entering or exiting business).

The labor organization has failed to maintain a picket line and thus interrupted the continuous nature of their picketing as specified in the Notice.

On October 14, 2019, the labor organization began some picketing activity at around 11:30 am, having not picketed for the preceding 20 hours. The labor organization failed to provide the Charging Party with a new notice of its intent to picket on October 14, 2019, and failed to specify the date, time, and location of its intended picketing activity in violation of 8(g) of the Act.

Charging Party requests relief under 10(j) barring any further picketing until the labor organization provides proper notice under 8(g) of the Act.

#### AMENDED

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
31-CG-250456	12/4/2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION C	R ITS AGENTS	AGAINST WHICH CHAR	GE IS BROUGHT		
			Union Representative to contact al Rosselli, President		
c. Address (Street, city, state, and ZIP code) Southern California Office 225 West Broadway, Suite 400 Glendale, CA 91204			d. Tel. No. 818-241-0140	e. Cell No.	
			f. Fax. No. 818-241-0141		
			g. e-mail		
h. The above-named labor organization has engaged in and is practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.		of the Natio	nal Labor Relations A	ct, and these unfair labor	
See Attachment A					
Name of Employer     Southern California Permanente Medical Group		4a Tel No.	b. Cell No.	c. Fax No	
Southern Cantonna i Citilatette Medical Gloup		d, e-mail rubert.spagat@kp.org; cheryl.l.kopitzke@kp.org			
5. Location of plant involved (street, city, state and ZIP code) 4867 Sunset Blvd., Los Angeles, CA 90027			6. Employer represe Michael R. Linds Peabody LLP		
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Facility	8. Identify Healthcar	principal product or service	9. Num 100,00	ber of workers employed	
10. Full name of party filing charge Southern California Permanente Medical Group					
11. Address of party filing charge (street, city, state and ZIP code) 393 East Walnut Street, Pasadena, CA 91188		11a. Tel. No.	b. Cell No.	c. Fax No.	
A		d. e-mail robert.spagat@kp.org	g; cheryl.l.kopitzke	@kp.org	
declare that I bave read the above che	arge and that the	statements	Tel. No. 213-629	-6000	
are True to the best of my kno		R. Lindsay, Attorney	Cell No.		
(signature of representative or person making charge)	(Print/type n	ame and title or office, if any)	Fax No. 213-629	-6001	
Nixon Peabody LLP  Address 300 S. Grand Ave., Ste. 4100, Los Angeles, C.	A 90071	12-04-19 Date	e-mail mlindsay	@nixonpeabody.com	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the Information may cause the NLRB to decline to invoke its processes.

#### **ATTACHMENT A**

#### Response to Number 2: Basis of Charge

Within the past six-month period the above named labor organization has refused to provide the Charging Party with timely notice of picketing activities pursuant to 8(g) of the Act. Specifically, the labor organization provided the Charging Party with a Notice of Intent to Informational Picket ("Notice") on October 3, 2019. The Notice stated that informational picketing will take place on "Sunday, October 13, 2019, 2pm and shall continue unless and until a mutually agreeable resolution has been reached."

On October 13, 2019, the labor organization merely set up a table from which individuals could pick up leaflets. The labor organization did not picket for at least 20 hours between October 13 and 14, 2019. In the morning of October 14, 2019, the labor organization installed two banners on a portable chain link fence that the labor organization left in place from that point forward. Such activity is not picketing, and accordingly does not meeting the Notice's requirements of continuous picketing. *See Overstreet v. United Bhd. of Carpenters, Local No. 1506*, 409 F.3d 1199, 1213-15 (9th Cir. 2005) (concluding, in preliminary injunction case, banner protest was not picketing where it did not include ambulatory picketing, signal picketing, or interference with or likelihood of confrontation with customers entering or exiting business).

The labor organization has failed to maintain a picket line and thus interrupted the continuous nature of their picketing as specified in the Notice.

On October 14, 2019, the labor organization began some picketing activity at around 11:30 am, having not picketed for the preceding 20 hours. The labor organization failed to provide the Charging Party with a new notice of its intent to picket on October 14, 2019, and failed to specify the date, time, and location of its intended picketing activity in violation of 8(g) of the Act.

On October 14, 2019, the labor organization also conducted picketing in front of two other locations where Charging Party provides health care, which were not specified in the Notice: Building 1505 and Building 4900, both of which contain medical offices, but are not the Hospital which was identified in the, albeit defective, Notice. Accordingly, the labor organization failed to provide the Charging Party with notice of its intent to picket on October 14, 2019, at Building 1505 and Building 4900 in violation of 8(g) of the Act.

On or about October 27, 2019, the labor organization began picketing activity at or around 9:30 am, having not picketed for the preceding 13 days. The labor organization failed to provide the Charging Party with a new notice of its intent to picket on October 27, 2019, and failed to specify the date, time, and location of its intended picketing activity in violation of 8(g) of the Act.

The labor organization posted photographs from the picketing on October 27. 2019 on its Facebook page showing the signs carried by the picketers purportedly on October 27, 2019, and

including the statements: "I'M ON STRIKE IN MEMORY OF . . ." and "KAISER DONT DENY.org" and "KAISER, DON'T DENY MY PATIENTS MENTAL HEALTH CARE, KAISTERDONTDENY.org #KAISERDONTDENY." The labor organization also posted a photograph of labor organization President Sal Roselli which according to the labor organization's Facebook page was taken at the same time, according to the Facebook page demonstrating knowledge of union officials of the unlawful picketing in violation of 8(g) of the Act.

On November 11, 2019, the labor organization removed the tent and banners from the location.

Charging Party requests relief under 10(j) barring any further picketing and/or strikes until the labor organization provides proper notice under 8(g) of the Act.

Form NLRB - 501 (2-08)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
32-CA-101653	04#01/2013				

1. EMPLOYER ACAINST WHOM CHARGE IS BROUGHT  (510)834-2009			BOOLIGHT
c. Cell No. (510)839-2019  g. e.Mail  I. Type of Establishment (factory, nursing home. hotel) Labor Union  I. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices and in practices affecting commerce within the meaning of the Act or these unfair labor practices and the Postal Recognization of the Act, or these unfair labor practices and the Postal Recognization (2) and (3) of the National Labor Relations Act, and these unfair labor practices are maining of the Act and the Postal Recognization (2) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act or these unfair labor practices and the Postal Recognization (2) and (3) of the National Labor Relations Act, and these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning of the Act or these unfair labor practices affecting commerce within the meaning			b. Tel. No
5081 CHRISTIE AVENUE, SUITE 525, EMERYVILLE, CA 94608  1. Type of Establishment (factory, nursing home, hotel) Labor Union  1. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and three unfair labor practices are practices as effecting commerce within the meaning of the Act, or these unfair labor practices are declared practices are practices and practices and practices are practices are practices and practices are practices are practices and practices are practices are practices and practices are practices and performance, and three unfair labor practices are practices are practices are practices and performance within the meaning of the Act, or these unfair labor practices are practices are practices and performance within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the affected unfair labor practices)  During the past six-month period, the above-named Employer withheld monthly expense reimbursement allowances, subjected mileage expense forms, place of residence, and performance, to a disparate level of scrutiny, initially refused to grant family medical leave, and suspended, (b) (6), (b) (7)(C) in retailed on a protected concerted and union activities.  3. Full name of party filing charge (if labor organization, give full name, including local name and number)  (b) (6), (b) (7)(C)  4a. Address Gleet and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  An Individual  (c) (c), (b), (b), (c), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d			
5.25, EMERYVILLE, CA 94608  1. Type of Establishment (factory, nursing home, hotel) 1. Type of Establishment (factory, nursing home, hotel) 1. The above-named amployer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair ractices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the affection of the affection of the facts constituting the affection of the	d. Address (street, city, state ZIP code)		
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In Dispute Location (City and State)  In Dispute Location (City and St	525, EMERYVILLE, CA 94608		g. e-Mail
Type of Establishment (factory, nursing home. hotel)   Labor Union			
Labor Union  Employee Representation  -50  I. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices are practices affecting commerce within the meaning of the Act or these unfair labor practices are unfair practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  During the past six-month period, the above-named Employer withheld monthly expense reimbursement allowances, subjected mileage expense forms, place of residence, and performance, to a disparate level of scrutiny, initially refused to grant family medical leave, and suspended, (b) (6), (b) (7)(C) in retalization for protected concerted and union activities.  3. Full name of party filing charge (if labor organization, give full name, including local name and number)  (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  4b. Tel. No.  (c) (a) (b) (7)(C)  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		i e	h. Dispute Location (City and Slate)
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Labor Union  Employee Representation  -50  I. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are unfair labor practices.  2. Basis of the Charge (set forth a clear and conciss statement of the facts constituting the alteged unfair labor practices)  During the past six-month period, the above-named Employer withheld monthly expense reimbursement allowances, subjected mileage expense forms, place of residence, and performance, to a disparate level of scrutiny, initially refused to grant family medical leave, and suspended, (b) (6), (b) (7)(C) in retalization for protected concerted and union activities.  3. Full name of party filing charge (if labor organization, give full name, including local name and number)  (b) (6), (b) (7)(C)  4a. Address (street and number, city state, and ZIP code)  (b) (6), (b) (7)(C)  4b. Tel. No.  4c. Cell No.  (c) (d) Fax No.  4c. Cell No.  (b) (6), (b) (7)(C)  5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be lined in when charge is field by a labor organization)  Fel. No.  (b) (6), (b) (7)(C)  By:  An Individual  Print Name and Title  Date:  Print Name and Title  Date:  (c) (6), (b) (7)(C)  (d) Fax No.  (e-Mail  Coffice, if any, Cell No.  (b) (6), (b) (7)(C)  (c) (d) Fax No.  (d) Fax No.  (e-Mail		j. Principal Product or Service	k. Number of workers at dispute location
The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  During the past six-month period, the above-named Employer withheld monthly expense reimbursement allowances, subjected mileage expense forms, place of residence, and performance, to a disparate level of scrutiny, initially refused to grant family medical leave, and suspended, (b) (6), (b) (7)(C) in retalization for protected concerted and union activities.  3. Full name of party filing charge (if labor organization, give full name, including local name and number)  (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  4b. Tel. No.  4c. Cell No.  (c) (d) (e), (b) (7)(C)  5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)  6. DECLARATION  I declare that I have read the above charge and that the statements are true to the best of my reading and parties (b) (6), (b) (7)(C)  An Individual  (signature)  (signature)  An Individual  (signature)  Print Name and Titte Date:  Print Name and Titte Date:	CONTRACTOR	F	
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(b) (b) (7)(C)  4a. Address (street and number, city, state, and ZIP code)  (b) (c), (b) (d), (c) (d)  4b. Tel. No.  4c. Cell No.  (b) (d), (b) (7)(C)  4d. Fax No.  4e. e-Mail  (b) (6), (b) (7)(C)  5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization)  6. DECLARATION  I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief  (b) (6), (b) (7)(C)  An Individual  (b) (6), (b) (7)(C)  Fig.  An Individual  (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	practices are unfair practices affecting commerce 2. Basis of the Charge (set forth a clear and concis  During the past six-month period, the allowances, subjected mileage expen scrutiny, initially refused to grant fan	within the meaning of the Act and the Postal se statement of the facts constituting the affect above-named Employer withhe use forms, place of residence, and mily medical leave, and suspende	Reorganization Act. ged unfair labor practices)  Id monthly expense reimbursement performance, to a disparate level of ed, (b) (6), (b) (7)(C) in retalization for
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set furth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
32-CB-086610	8/3/2012			

NSTRUCTIONS: File an original with NLRB Regional Director f  1. LABOR ORGANIZATION C	or the region in which the allege OR ITS AGENTS AGAINST WHI	The second section is		d or is occurring.
Vational Union of Heathco	ave Idorkers	b. Union Re (b) (6), (b	presentative to	o contact
. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No. (b) (6), (b) (7)(C)
5801 Christie Ave, Suite 525 Emeryville, CA 94608		f. Fax No.		g. e-Mall ) (6), (b) (7)(C)
to the above-named organization(s) or its agents has (have) eng subsection(s) (list subsections) are unfair practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	of the N	ational Labor Re	elations Act, ar	nd these unfair labor practices
2. Basis of the Charge (setforth a clear and concise statement within last Six months the with officers and agents, to me by failing and versus in jvievance on my behalf versus exployer vespres entetive, noticious and/or avbitrary versus and/or avbitrary versus entetives.	nas loveach 1) to file and Elating to our (b) (6), (b) (7)(C)	lex bre	chuty o Less a navassi all tov	grievances or grievances or ment at me b discriminatory
3. Name of Employer		4a. Tel. No.		5 RC
Doctors Medical Center		510 9 7 c. Fax No.	0-5000	JHARd Edwarson
5. Location of plant involved (street, city, state and ZIP code) 2000 Valle: Rol, San Pablo. C	A. 94806		5. Employe	or representative to contact  N Hardy
7. Type of establishmen (factory, mine, wholesaler, etc.) HoSpital	8. Identify principal produ		9. Number	of workers amployed
0. Full name of party filing charge ) (6), (b) (7)(C)		11a. Tel. No		b) (6), (b) (7)(C)
THE NEW YORK		c. Fax No.		d. e-Mail (b) (6), (b) (7)(C)
(6), (b) (7)(C)				
declare that I have mad the above charge and that the statements there is (b) (6), (b) (7)(C)	true to the best of my togelector and b	Tel	. No.(b) (6),	(b) (7)(C)
(b) (b), (b) (7)(c) rson makkna charge)	(i (b) (i )(o)	Ce	(b) (6), (b)	(7)(C)
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Address	(date)	712 (b)	Mail ) (6), (b) (7	)(C)
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PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Rotations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to essist the National Labor Relations Board (NLRB) in processing unfair labor p the NLRB to declare to invoke its processes. (b) (6), (b) (7)(C)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

DO NOT WRITE IN THIS SPACE				
Case 32-CB-099321	Date Filed 2/27/2013			

1. LABOR ORGANIZATION OF	RITS AGENTS AGAINST WHICH			surred or is occurring.
Name     National Union of Healthcare Workers		b. Union Re Ralph Co		tive to contact
c. Address (Street, city, state, and ZIP code) 5801 Christie Avenue		d. Tel. No. 510-834-2009		e. Cell No.
Emeryville, CA 94608		f. Fax No. 510-834-	2019	g. e-Mail
h. The above-named organization(s) or its agents has (have) eng subsection(s) (list subsections) 8(b)(3) are unfair practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	of the Nati the Act, or these unfair labor pract	onal Labor Re ces are unfai	elations Ad r practices	ct, and these unfair tabor practices s effecting commerce within the
2. Basis of the Charge (set forth a clear and concise statement Within the past six months, the National Union o requests for information from the Employers.				
LRB REGION 3 FEB 27 PH 3: DAKLAND. CA.	RECEIVED NLRB. REGIO	) H 20		
ALCEIVEL HLRB REGION : 2013 FEB 27 PH 3 DAKLAND. CA	2013 FEB 27 P SAN FRANCISC			
Name of Employer     The Permanente Medical Group		4a. Tel. No. 510-271-6		b. Cell No.
		c. Fax No. 510-267-2	128	d. e-Mail ronald.goldman@kp.org
<ol> <li>Location of plant involved (street: city: state and ZIP code)</li> <li>One Kaiser Plaza, Oakland, CA 94612</li> </ol>			Micha	loyer representative to contact el R. Lindsay, Esq. of Peabody LLP
<ol> <li>Type of establishment (factory, mine, wholesaler, etc.)</li> <li>Medical Facility</li> </ol>	8 Identify principal product Healthcare	or service .	9. Numb 20,000	ber of workers employed )+
o. Full name of party filing charge The Permanente Medical Group		11a. Tel. No 510-271-6		b. Cell No
C. 1		c. Fax No. 510-267-2	128	d. e-Mail ronald.goldman@kp.org
One Kaiser Plaza, Oakland, CA 54612 Attn: Roi		-		
eclare that have lead the proce charge and that the statements therein are to By Micha	ue to the best of my knowledge and belief el R. Lindsay, Attorney	Tel. 213 Cell	8-629-60	000
(signature of representative or person making clerge) (Pnnt) Nixon Peabody LLP	type name and title or office, if any			
Gas Company Tower 555 West Fifth Street, 46 <sup>th</sup> Floor		е-М		
Address Los Angeles, CA 90013	(date) February 27, 20	13 mili	idsay@	nixonpeabody.com

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unlair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. American LegalNet, Inc.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRITE IN THIS SPACE Date Filed 4/26/2013 Case 32-CB-099321

AMENDED CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

INSTRUCTIONS: File an original with NLRB Regional Director f  1 LABOR ORGANIZATION O	for the region in which the alleged R ITS AGENTS AGAINST WHIC					
a. Name National Union of Healthcare Workers			o. Union Representative to contact Ralph Cornejo			
c Address (Street, city, state, and ZIP code) 5801 Christie Avenue		d. Tel. No. 510-834-2	2009	e. Cell No.		
Emeryville, CA 94608		f. Fax No. 510-834-2	2019	g. e-Mail		
h. The above-named organization(s) or its agents has (have) ensubsection(s) (list subsections) $8(b)(3)$ are unfair practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	of the N	ational Labor Re	lations A	ct, and these unfair labor practices		
Basis of the Charge (set forth a clear and concise statement	t of the facts constituting the alle	ged unfair labor	practices,			
Within the past six months, the National Union of requests for information from the Employers and information from the Employers.	d by providing inadequate					
H	RECEIVED ILRB. REGION 20					
	3 APR 26 P 4: 13					
SAA	FRANCISCO, CA	16. +100		To dive		
Name of Employer     The Permanente Medical Group		4a. Tel. No. 510-271-6		b. Cell No.		
		c Fax No. 510-267-2	2128	d. e-Mail ronald.goldman@kp.org		
5 Location of plant involved (street, city, state and ZIP code) One Kaiser Plaza, Oakland, CA 94612			Micha	oloyer representative to contact el R. Lindsay, Esq. of Peabody LLP		
7 Type of establishment (factory, mine, wholesaler, etc.) Medical Facility	Identify principal produ Healthcare	ict or service	9. Num 20,00	ber of workers employed 0+		
Full name of party filing charge     The Permanente Medical Group		11a. Tel. No. 510-271-6		b. Cell No		
44 Add - 4 Eff - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(a. V.	c. Fax No. 510-267-2	128	d e-Mail ronald.goldman@kp.org		
<ol> <li>Address of party filing charge (street, city, state and ZIP code)</li> <li>One Kaiser Plaza, Oakland, CA 94612 Attn: Ro</li> </ol>	Alberta Company of the company of th	L				
12. DECLARATION declare that I have read the above charge and that the statements therein are	true to the best of my knowledge and be		No. 3-629-6			
By Michael Lindsay / Aca Michi	ael R. Lindsay, Attorney Wype name and tille or office, if a	(Cell	No.			
Gas Company Tower		866	No. 3-293-2	786		
555 West Fifth Street, 46th Floor		e-M	ail			
Address Los Angeles, CA 90013	(date) April 26, 2013	mlii	ndsay@	nixonpeabody.com		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006) The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes

American LegalNet, Inc www.FormsWorkflow.com

FORM NLRB-508

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE

Case Date Filed

32-CB=099450 2/28/2013

INSTRUCTIONS:

File an original and 4 copies of this in item 1 with the NLRB Regional DI	charge and an addit	ional copy for each organization, each loc In which the alleged unfair labor practice	cal, and each individual named occurred or is occurring.
1. LABO		OR ITS AGENTS AGAINST WHICH CHARG	E IS BROUGHT
a. Name			b. Union Representative to contact
4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4			- 10
National Union of Healthcar	Sal Rosselli		
c. Telephone No.		t, city, state and ZIP code)	04600
	5801 Christie	Ave., Suite 525, Emeryville, CA	1 94608
	on(s) (1)(A) of the Na	e) engaged in and Is (are) engaging in unfair Nonal Labor Relations Act, and these unfair I Act.	
		ent of the facts constituting the alleged unfai	r labor practices)
organization, National Union	n of Healthcare W (b) (6), (b) (7)(C) o	weding the filing of this charge, the Workers, violated Section 8(b)(1 me named (100,00,00)(1)(c) (last name unorkers who were engaged in protections)	), when a NUHW (b) (6), (b) (7)(C) known.) and another unnamed
6 N			4. Telaphone No.
3. Name of Employer Kaiser Permanente			4. Telephone No.* Tel: (510) 271-2628
5. Location of plant involved (street, c	ly state and ZIP mide		6. Employer representative to contact
One Kaiser Plaza, 19th Floor,			Ronald E. Goldman
7. Type of establishment (factory, min		8. Identify principal product or service	9. Number of workers employed
Hospital		Healthcare Services	Approximately 44,000
10. Full name of party filing charge SETU United Healthcare Wo	orkers-West		
11. Address of party filing charge (stre	et. city, state and ZIP	code)	12. Telephone No.
560 Thomas L. Berkley Way	y, Oakland, CA	94612	(510) 251-1250
By	EMU AF making charge Att		best of my knowledge and belief life Bruce A. Harland Date February 28, 2013

UNITED STATES OF AMERICA		DO	NOT WRITE	N THIS SPACE		
NATIONAL LABOR RELATIONS BOARD		Case		Date filed		
CHARGE AGAINST LABOR ORGANIZATI OR ITS AGENTS	ON	32-CB-139293		10/20/2014		
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Reg	jional Director of the	region in whic	h the alleged unfair labor practice		
1. LABOR ORGANIZATION	ON OR ITS AGE	NTS AGAINST WHICH	CHARGE IS BR	OUGHT		
a Name National Union of Healthcare Workers		b Union Re Greg Teg	presentative to enkamp	Contact		
c Address 5801 Christie Avenue, Suite 525		d, Tel No		ell No 5-640-0648		
Emeryville, CA 94608		f Fax No	g e- gtec	Mail genkamp@NUHW.org		
8(b), subsection(s) (1) (A) of the National Labor Rel the meaning of the Act, or are unfair practices affect 2. Basis of the Charge (set forth a clear and concise st	ting commerce v	within the meaning of the	ne Act and the I	Postal Reorganization Act		
Within the past six-months, the above employees by refusing to process the or discriminatory reasons or in bad for the control of the control	e grievance	of (b) (6), (b) (7)(C)	regarding	termination for arbitrary		
3. Name of Employer The Permanente Medical Group		4a Tel No. 510-675-		Cell No.		
		4235 4c. Fax No.	4d. e	PAKLAND		
5 Location of Plant involved (street, city, state, and Zli	P code)	6 Employer	representative	to contact \$ 0		
3553 Whipple Road, Union City, CA 94587		Evelyni	Megofan	ND, P		
7 Type of Establishment (factory, mine, wholesaler)	8 Principal	product or service		r of Workers employed		
Medical office building	Healthcar	e/optical sales	17	> \( \text{\text{c}} \)		
10 Full name of party filing charge	1	11a Tel No		11b Cell No -		
(b) (6), (b) (7)(C)		(b) (6), (b) (	7)(C)	(b) (6), (b) (7)(C) N		
		11c. Fax No		11d e-Mail		
		11.5. (54.11		(b) (6), (b) (7)(C)		
11 Address of party filing charge (street, city, state, and	d ZIP code)			TICACA CARA		
(b) (6), (b) (7)(C)						
	12. DE	CLARATION				
I declare that I have read the above charge a	and that the sta	tements therein are t	rue to the best	of my knowledge and belief.		
(b) (6), (b) (7)(C)				Tel No		
(-) (-) (-) (-)				(b) (6), (b) (7)(C)		
(b) (6), (b) (		6), (b) (7)(C)		Cell No (b) (6), (b) (7)(C)		
(signetare or representative or person making charge	Pri	nt/type name and title o	or office, if	Fax No.		
Address (b) (7)(C)		Date	17.14	e-Maii (b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)		10-	11017	(b) (b), (b) (7)(C)		

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or hitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
32-CB-24296	8 6-6-2019		

1. LABOR ORGANIZATION C	OR ITS AGENTS	AGAINST WHICH CHAR	GE IS BROUGHT	
n. Name National Union of Healthcare Workers		b. Union Representative to contact Jackie Patrick, Union Representative		
c. Address (Street, city, state, and ZIP code) 5801 Christie Ave # 525, Emeryville, CA 94608			d. Tel. No. (510) 834-2009	e. Cell No. (510) 329-8932
			f. Fax. No. (510) 834-2019	
		g. e-mail		
h. The above-named labor organization has engaged in and is (1)(A) practices are practices affecting commerce within the meanithe Act and the Postal Reorganization Act.		of the Natio	onal Labor Relations Ac	t, and these unfair labor
Within the past six months, the above-captioned labor of process a grievance regarding (b) (6), (b) (7)(C) transferring,	organization vic because of arb	plated its duty of fair reitrary, discriminatory,	epresentation by faili and/or retaliatory rea	ng and/or refusing to sons.
3. Name of Employer		4a. Tel. No.	b. Cell No.	c. Fax No.
Children's Hospital and Research Center of Oakland, Inc. dba UCSF Benioff Children's Hospital Oakland.		(510) 428-3231	o. Cell No.	(510) 597-7097
		d. e-mail bhusband@mail.cho.org		
5. Location of plant involved (street, city, state and ZIP code)			6. Employer represer	stative to contact
247 52nd Street Dakland, CA 94609		Brenda Husband, Manager of Compliance Employee & Labor Relations		
Type of establishment (factory, mine, wholesaler, etc.)  8. Identify principal product or se bealthcare			9. Numb 3,000	er of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)				
11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	b. Cell No.	SFax No.
		d, e-mail (b) (6), (b) (7)(C)		面面
12. DECLARA I declare that I have read the above che (b) (6), (b) (7)(C)  (si)  (charge)	narge and that the owledge and beli (b) (6), (b) (	ef.	Tel No. (b) (6), (b) Cell No.	6 PI 2: 17
Address (b) (6), (b) (7)(C)		Date X 06/04	4 /19 e-mail (b) (6), (b)	(7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to-assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes. (b) (6), (b) (7)(C)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case 32-CB-243030	Date Filed 6/7/2019		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1. LABOR ORGANIZATION 0	R ITS AGENTS	AGAINST WHICH CH	ARGE IS BROL	JGHT		
a, Name National Union of Healthcare Workers				b. Union Representative to contact Sal Rosselli, President		
c. Address (Street, city, state, and ZIP code) Northern California Office 5801 Christie Ave, Suite 525 Emeryville, CA 94608			d. Tel. No. 510-834-		e. Cell No.	
			f. Fax. No. 510-873-2019			
		g. e-mail	. e-mail			
h. The above-named labor organization has engaged in and is a 8(b)(I)(A) and 8(g) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.		of the N	ational Labor R	elations Ac	t, and these unfair labor	
3. Name of Employer The Permanente Medical Group		4a, Tel. No.	b. Cell No	b. Cell No. c. Fax		
		d. e-mail				
5. Location of plant involved (street, city, state and ZIP code) Connected to Care, 2401 Merced St., San Leandro, CA	94577		6. Employe Michael I Peabody	R. Lindsay	tative to contact , Esq. of Nixon	
7. Type of establishment (factory, mine, wholeseler, etc.) Hospital/Medical Facility		Identify principal product or service     Healthcare		9. Numb	er of workers employed	
10. Full name of party filing charge The Permanente Medical Group						
11. Address of party filing charge (street, city, state and ZIP code) One Kaiser Plaza, Oakland, CA 94612, Attn: Robert Spagat		11a. Tel. No. 510-271-6674	b. Cell No	b. Cell No. c. i		
		d. e-mail robert.spagat@kp.	org			
declare that I have reed the above cha are true to the best of my kno	arge and that the	e stalements		Tel. No. 213-629-6	5000	
(llist)	Michae	R. Lindsay, Attorne	y	Cell No.		
(signature of representative or person making charge)	(Print/type	name and title or office, if a		Fax No. 866-293-2	786	
Nixon Peabody LLP		10/- 1/	Jaket	e-mall		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### ATTACHMENT A

#### Response to Number 2. Basis of the Charge

Within the past six-month period the above named labor organization has failed to provide the Charging Party with timely notice of picketing activities pursuant to 8(g) of the Act. Specifically, between the period of December 10, 2018 and December 15, 2018, the labor organization picketed at a Connected to Care facility located at 2401 Merced Street, San Leondro, however this location was not included in the strike notice provided to the Charging Party. The notice only included the location specific to San Leondro Medical Center located at 2500 Merced Street.

Within the past six-month period the above named labor organization has restrained and coerced employees' exercise of their Section 7 rights by blocking egress and ingress of the driveway at the Charging Party's Connected to Care facility during a strike. The blockage obstructed vehicles and resulted in a delay of care to patients.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

**OR ITS AGENTS** 

### CHARGE AGAINST LABOR ORGANIZATIONS

FORM EXEMPT UNDER 44 U.S.C 3512 DO NOT WRITE IN THIS SPACE Case 32-CB-249224 Date Filed 9-30-2019

INSTRUCTIONS: File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional

Director for the region in which the alleged unfair labor practice occurred or is occurring.  1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE	EIS RPOLICHT
	Union Representative to contact
1 11 - 1 - 1	SAL Rosselli
c. Telephone No. 866 968 1849 d. Address (Street, city, state, and ZIP code)  Fax No. 5801 Christie Ave, #525 EW	veryville CA,94608
e. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair lab subsection(s) (list subsections) of the National Lapractices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practitions within the meaning of the Act and the Postal Reorganization Act.	abor Relations Act, and these unfair labor
Harassment Due to my Chorice to not B  Rythernion in guestion that led- wultiple rude and insulting text w  b) (6), (b) (7)(c)  Treel Constantly Artagonized By  members while I'm at work As Well	m the NUHW.
3. Name of Employer  SANUS OF SANTACYUZ	4. Telephone No. 931-462-1060 Fax No.
5. Location of plant involved (street, city, state and ZIP code)  71- have Santa Cruz Ca 95062	6. Employer representative to contact Mariane Buddey 831-462-1060 xt
7. Type of establishment (factory, mine, wholesaler, etc.)  Drug and Alcaholtveatment attar S.U.D. treatment	Number of workers employed
10(b) (6), (b) (7)(C)	784
11 ZIP code.)	12. Telephone No.
(b) (6), (b) (7)(C)	Fax No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 15. The statements therein are true to the best (c) (5)	
(b) (6), (b) (7)(C) Address	(b) (6), (b) (7)(C) (6), (b) (7)(C) 9/20/19

UNITED STATES OF AMERICA	DO NO	OT WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	NATIONAL LABOR RELATIONS BOARD Case	
CHARGE AGAINST LABOR ORGANIZATION OR AGENTS	32-CB-2349/8	
INSTRUCTIONS: File an original of this charge with the NLI occurred or is occurring.	RB Regional Director of the region in	which the alleged unfair labor practice
	S AGENTS AGAINST WHICH CHARGE	S BROUGHT
a. Name National Union of Healthcare Workers Union	b. Union Representative to Contact  Beverly Griffith,  Union Representative	
c. Address	d. Tel. No.	e.e. Cell No.
1250 45th St., #200, Emeryville, CA 94608	(510)834-2009	(510)834-2019
	f. Fax No.	g. e-Mail
the meaning of the Act, or are unfair practices affecting comic.  Basis of the Charge (set forth a clear and concise statement)  Within the past six months, the above-named labor exercise of rights protected by Section 7 of the Act regarding a failure to notify of a job opening for the second section.	of the facts constituting the alleged unfa or organization has restrained a ct by refusing to file a grievance	nd coerced employees in the on behalf of (b) (6), (b) (7)(C) usons or in bad faith.
3. Name of Employer	4a. Tel. No.	JAN 21 AM 1:4
UCSF Benioff Children's Hospital Oakland	510-428-3000 4c. Fax No.	4d. e-Mail
	4C. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP code)	Employer represent	tative to contact
747 52nd St, Oakland, CA 94609	Kevin LNU, EVS	S Manager
7. Type of Establishment (factory, mine, wholesaler) 8. F	Principal product or service	Number of Workers employed
	ledical care	200
10. Full name of party filing charge (b) (6), (b) (7)(C)	11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.
	11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and ZIP cod	(e)	(b) (b), (b) (1)(c)
(b) (6), (b) (7)(C)		
	2. DECLARATION	en in discount of the second
(b) (6), (b) (7)(c)	he statements therein are true to the	Tel No.
Ву:	(b) (6), (b) (7)(C) an Individual	(b) (6), (b) (7)(C)
(sig	Print/type name and title or office, if a	ny Cell No.
Address:	Date:	Fax No.
(b) (6), (b) (7)(C)	X1-91-11	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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